HOSPITAL 1908-1918 (003)

(003)

RULES GOVERNING ADMIS [illegible] TIENTS.

I. The admitting officer shall make due inquiries to determine that patients seeking admission into the public wards are not able to pay semi-public, semi-private or private ward rates.

2. The senior house officer shall be responsible for the proper allocation of patients to the various services.

3. No patient shall be transferred without the approval of the head of the service under which he is first entered.

4. All public ward patients shall be placed under the care of the heads of the various services. The number of beds in the several services in Medicine shall be equal and the number in the several services in Surgery shall also be equal. In case all of the beds of any service happen to be full, a public ward patient seeking admittance shall be passed on to the next service in order.

5. All patients admitted on City Orders as well as those for whom public ward rates are charged, shall be placed in rotation under the heads of the different services with the following exceptions:-

(a) Patients referred from any out-patient service shall be admitted under the care of the head of the corresponding in-patient service, if a proper case for that department.

(b) The head of the service by written request may have a patient whom he has seen in consultation admitted under his care.

(c) Any member of the Staff by written request may have a patient who is under his care in private practice admitted under the head of the service with which he is connected.

(d) Any physician or surgeon who is not a member of the Staff may by written request have a patient placed in the proper department under the care of one of the heads of the services.

It is understood, however, that each patient admitted under the special conditions [illegible]oned in the above paragraphs, a,b,c and d shall be considered a rotation case.

6. Surgeons of recognized ability, not members of the Staff, desiring to perform operations may do so on private, semi-private and semi-public xxxxx patients with the consent of the Superintendent and the approval of the head or of one of the heads of the department concerned.

7. No professional fee, directly or indirectly, shall be received by any member of the Staff for patients who pay public ward rates or for whom public ward rates are paid.

RULES RESPECTING EXTERNES.

1. Externes shall be graduates in medicine of the University of Toronto.

2. The duties of externes shall be to assist the internes in history taking, laboratory work, doing dressings and such other duties as may be defined by the heads of the services. The hours of duty shall be from 9 a.m. until 4.30 p.m.

3. Externes shall be appointed on the recommendation of the head of the service with the approval of the Superintendent.

4. There shall be six externes, one for each service in medicine and one for each service in surgery. Those on the medical services while so serving shall be permitted to receive instruction in eye, ear, nose and throat work. Those on the surgical service shall at the same time be permitted to receive instruction in gynaecology and obstetrics.

5. The minimum length of service for an externe, if satisfactory, shall be three months, at the end of such time he shall be eligible for re-appointment.

NOTE - Externes to be provided with luncheon at the hospital.

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Toronto, 3rd April, 1908.

J. W. Flavelle, Esq.,
C/o Wm. Davies Company, Limited,
Toronto.

Dear Mr. Flavelle:-

Toronto General Hospital.

I have been thinking over the communication which you received from the President of the University with reference to the position in the Hospital of the Professor of Surgery. Section 20 of the Act is as follows:-

> "The trustees shall allow any medical student of the University of Toronto to visit the wards of the hospital and attend them for the purpose of receiving instruction from the members of the Faculty of Medicine of the University of Toronto, upon the payment of such fees and under such regulations and restrictions as the trustees shall by any by-law or resolution from time to time appoint. Provided, also, that the Lieutenant-Governor in Council may from time to time frame regulations and conditions under which the trustees shall admit other students in medicine, including post-graduate students, to receive medical instruction from the said Faculty as hereinbefore provided."

By the agreement with the University under which the Hospital received $300,000 it is provided that the University and the Hospital shall agree as to the fees, regulations and restrictions mentioned in the above section, and failing agreement that the Lieutenant-Governor-in-Council shall decide.

The regulations and restrictions referred to which are thus made the subject of agreement between the University and the Hospital relate to the admission of medical students to the wards of the Hospital for the purpose of receiving instruction from the members of the Faculty of Medicine. They do not relate to the manner of giving such instruction, but would include such matters as the hours during which students should be permitted to attend in the wards of the Hospital, their privileges with respect to patients and their conduct generally while upon the hospital premises.

The section above quoted undoubtedly implies, although it does not specifically enact, that the members of the Medical Faculty shall be permitted to teach students in the wards of the Hospital. It does not at all follow that they should be allowed to treat or operate upon patients, because the question of staff and services is dealt with in a former section (17). To hold the contrary would mean that the active staff of the Hospital would be the members of the Medical Faculty of the University and that the Board of Trustees upon whom rests the responsibility for the treatment of patients would havepractically no power of appointment of staff. Section 17 clearly shows that it is the Board of Trustees which has the power of making the appointments to the staff and determining the several services.

This being the effect of the Act, it appears to me that the University and the Hospital should endeavour to work in harmony in order that medical education may be promoted to the best advantage. The Hospital should appoint such a number of the Medical Faculty as will ensure that the students shall have the advantage of seeing operations and following courses of treatment by their instructors, who are also on the active staff of the Hospital. Other members not on the active staff ought to be allowed to give clinics in connection with cases not under their charge as physicians or surgeons subject to such regulations as may be approved or concurred in by the Board of Trustees. In the recent re-organization this principle was kept steadily in view with the result that the staff is now almost entirely composed of the members of the Medical Faculty. It was also recommended that a joint committee of the University and the Hospital should be appointed to deal with the question of the facilities to be afforded for such clinical instruction and proper regulations relating thereto.

With regard to the arrangement made with the heads of the service in surgery whereby Professor Cameron is to be given during the school term certain surgical cases, this joint Committee has nothing whatever to do. That arrangement, which is in the nature of a service in the Hospital, was suggested because of Professor Cameron's long connection with the Hospital and because it was felt desirable that the closest relationship should be maintained with the University. It is, however, absolutely subject to the authority of the Board of Trustees as to its continuance, otherwise the effect would be that the Professor of Surgery, no matter what his age or qualification, would have the privilege of operating upon patients for whose treatment the Board of Trustees is responsible.

I see no objection to the joint Committee meeting and adopting regulations and restrictions relating to the admission of medical students to be submitted for the approval of the University and the Hospital Boards, because this is contemplated by the Statute and the Hospital has agreed with the University in respect to it. The Committee may also deal with the question of the regulations under which clinical instruction may be given. As to the treatment of patients, whether medical or surgical, this is fully reserved to the Board of Trustees of the Hospital. The question of staff for this purpose, its composition, duties, services, etc., is solely within the competence of the Board of Trustees and neither the Statute nor the agreement gives the University any power in this regard. The arrangement with the senior Professor of Surgery referred to above cannot therefore become the subject of consideration by the joint Committee of the University and the Hospital, which was formed for the purpose of dealing with entirely different subjects, as shown above. If an agreement should be made with the University whereby the Professor or Surgery was always to have the facilities now afforded Professor Cameron by the courtesy of the heads of the surgical services with the consent of the Board, the Professor of Surgery whether under or over the age limit adopted by the Hospital and whether competent or incompetent would have the irrevocable privilege of operating upon patients. To this I conceive the Board of Trustees of the Hospital would never consent.

I think the answer to Dr. Falconer's letter should be that the joint Committee may at any time be called to consider regulations and restrictions relating to the admission of medical students to the Hospital and to the facilities to be given for medical instruction. The University should consider carefully what it requires in this regard and submit its proposals to the Committee for consideration. The subject is technical and the members of the Committee could hardly be expected to draw up regulations without the advice of the Medical Faculty.

As to Professor Cameron, I am sure we all have a proper respect and regard for his long and honourable services to the University and the Hospital . Under the arrangement made with the heads of the services he will have under his charge more cases by far than the records show he has been obtaining formerly and in addition a system will be established whereby all future Professors of Surgery will have an ex-officio relationship with the Hospital and its practical work which will be of inestimable value to the University.

Yours truly,

Interim Report of the Committee of the Board of Trustees of the Toronto General Hospital on Staff Reorganization.

Your Committee was appointed by Resolution of the Board dated November 7th 1906 for the purpose of considering the question of Reorganization of the staff of the Hospital. Fully realizing the great importance of the subject, your Committee has earnestly endeavoured to obtain all available information and advice and has given full and prolonged consideration to all the recommendations embodied in the plan of reorganization herewith submitted for your approval.

Your Committee in reaching its conclusions has borne in mind the object of creating an efficient organization which will give the best possible service to the patients for whose care the Hospital is responsible and at the same time afford adequate facilities for promoting the interests of medical education and clinical and scientific research.

Your Committee has been fortunate in having had before it for its general guidance the recommendations of the staff of Physicians and of the staff of Surgeons and Specialists of the Hospital, as set out in their respective Reports of last year on the subject of Reorganization. The leading features of these recommendations will befound to have been incorporated in the findings of the Committee.

In seeking to understand the requirements of the University in connection with clinical education, your Committee has had the advantage of a meeting with the members of the Medical Faculty when some important aspects of the question were fully discussed. Your Committee has also been privileged in being able to confer at several of its meetings with the President of the University who most courteously consented to attend for the purpose.

Your Committee has thought it advisable to present as an Interim Report for the approval of the Board the following recommendation as a basis of reorganization, considering that it would be better that the question of governing principles should be settled before proceeding to deal with the further question of the personnel of the staff.

Respectfully submitted.
(Signed) J. W. FLAVELLE,
Chairman.

RECOMMENDATIONS OF THE COMMITTEE OF THE BOARD OF TRUSTEES of the Toronto General Hospital on

STAFF REORGANIZATION.

APPOINTMENTS.

In making appointments to the Visiting Staff the Board of Trustees shall regard especially the previous training and record of the applicant, his capacity to render service to the sick in the Hospital, his scientific attainments, his teaching capacity and the promise he gives for future work.

All appointments shall be made annually.

There shall be no remuneration to members of the Visiting Staff.

In making appointments to the Staff sex shall be no bar.

The members of the Visiting Staff shall not be allowed to serve on the Visiting Staff of any other General Hospital.

SERVICES

The following shall be the services in the several departments of the Hospital:-

In Medicine (including Dermatology and Neurology) three co-ordinate services.

In Surgery, three co-ordinate services.

In Obstetrics, one service.

In Gynaecology, one service.

In Ophthalmology, one service.

In Otology, Rhinology and Laryngology, one service.

With respect to the above recommendations as to co-ordinate services in Medicine and Surgery it is understood that the decision reached by the Committee at the present time and with regard to the existing situation is not to preclude the Board at a future time from re-opening the question and considering whether a different system might not better serve the interests of the Hospital and of Medical Education.

Each of the services in the several Departments shall be under a head with such associates and assistants as may be found necessary.

It is the intention that the divisions now existing in the Hospital by which the Eye and Ear work constitutes one Department and the Nose and Throat another shall be abolished and that, instead, there shall be an Eye Department separate and distinct from a Department which shall embrace the Ear, Nose and Throat.

The several services in all Departments shall be so organized as to include both indoor and outdoor Public Ward patients and the heads of such services shall be responsible for the treatment of all such patients.

The heads in Surgery shall retire from their position at the age of 55 and the heads in Medicine at the age of 60 years. The Board of Trustees, however, may decide by a majority of the whole Board to extend the age limit to 60 years in the case of Surgeons and 65 years in the case of Physicians for special reason. The age limit for Surgeons shall apply to the heads in the Departments of Obstetrics, Gynaecology, Ophthalmology, Otology, Rhinology and Laryngology.

The limit of the term of service of heads of the several services in all Departments shall be ten years, this term to be extended for five years for special reason if a majority of the whole Board of Trustees so decides. This term limit shall apply only from the date of appointment under the present reorganization.

The three heads in Medicine shall not engage in general practice but shall confine their work outside of the Hospital to consultation.

The three heads in Surgery shall practice Surgery only.

The head of the service in Obstetrics shall practice Obstetrics and Pediatrics only.

The head of the service in Gynaecology shall confine his work in the Hospital to Gynaecology only but may outside engage in Surgery, but not in general practice.

The head of the service in Ophthalmology shall confine his work in the Hospital to Ophthalmology but may outside practice the three other specialties of Otology, Rhinology and Laryngology.

The head of the service in the Ear, Nose and Throat Department shall confine his work in the Hospital to these specialties but may in his outside practice also treat diseases of the eye.

There shall be a Department of Pathology and Bacteriology and a Department of Pathological Chemistry. These two departments shall be placed in charge of Professors of the University, it being understood that the University is willing to assume payment of the salaries of such Professors.

The Department of Anaesthetics shall be under the supervision of one head.

GENERAL REGULATIONS.

All public ward patients shall be entered under the care of heads of services and shall be available for the clinical instruction of students of the Medical Faculty of the University of Toronto.

Members of the Medical Profession who are not on the Staff of the Hospital shall have the privilege of attending patients in the private, semi-private and semi-public wards.

There shall be a Medical Board the work of which shall be advisory only. This Board shall consist of the heads of the various services.

Seniors who, by reason of the age or length of service limit, will be obliged to sever their connection with the Active Staff, may be given positions on the Consulting Staff.

The appointments to the reorganized staff shall be made at the earliest possible date but the Board may decide not to give them effect until the close of the present college year.

Having regard to the requirements of Sec. 20 of Cap.59, 6 Edward VII, "An Act respecting the Toronto General Hospital", which provides that the Trustees shall allow any medical student of the University of Toronto to visit the wards of the Hospital and to attend them for the purpose of receiving instruction from the members of the Faculty of Medicine of the University of Toronto, the Committee recommends that in order to make adequate provision for such clinical instruction being given the Board of Trustees should appoint a committee to confer from time to time with a committee which it is suggested the Board of Governors of the University should similarly appoint for the purpose of determining from time to time the facilities which shall be offered for such instruction and proper regulations with reference thereto.

THE TORONTO GENERAL HOSPITAL.

RULES GOVERNING THE ADMISSION OF PATIENTS.

I. The Admitting Officer shall make due inquiries to determine that patients seeking admission into the public wards are not able to pay ~~for~~ semi-public, semi-private, or private wards. rates

2. The Senior House Officer shall be responsible for the proper allocation of patients to the various services.

3. No patient shall be transfered without the ~~authority~~ approval of the head of the service under which he is first entered.

4. All public ward patients shall be placed under the care of the heads of the various services. The number of beds in each of the services in Medicine and also in each of the services in Surgery shall be equal. In case all of the beds of any service happen to be full a publi ward patient seeking admittance shall be passed on to the next service in order.

5. All patients admitted to the Departments of Medicine and Surgery for whom public ward rates are charged shall be placed in rotation under the heads of the three services in Medicine and the three services in Surgery respectively (This rule to be given a six months' trial).

6. ~~Patients suffering from diseases of pregnancy shall be assigned to the Obstetrical Department.~~

7. Surgeons of recognized ability, not members of the Staff, desiring to perform operations may do so on private, semi-private and semi-public patients with the consent of the Superintendent and the approval of the head of the service concerned.

8. No professional fee, directly or indirectly, shall be receive by any member of the Staff for patients who pay public ward rates or for whom public ward rates are paid.

RECOMMENDATION OF THE MEDICAL BOARD OF THE TORONTO GENERAL HOSPITAL
To the Trustee Board on the Mode of Appointment, Term of Service and Allocation of Internes.

I. Applications for all vacancies shall be called for by general notice given by the Superintendent of the Hospital. The list of applicants shall be laid before the Medical Board, when the standing and record of each candidate will be inquired into. Those candidates eligible for appointment shall be referred to the various services for which they have expressed preference in their application, and selection shall be made by the heads of services after examination, it being understood that the eligibility of candidates will largely depend upon their prévious work.

2. Each interne on accepting service shall undertake to remain at least one year.

3. There shall be two internes fnr each service in Medicine and for each service in Surgery; and an interne for each of the other services.

4. Unless otherwise recommended by the Medical Board, internes shall serve at least six months on a service, excepting in Medicine and in Surgery in which departments the term shall be one year, each serving six months as junior and six months as senior, new appointments being made every six months.

5. An interne shall be provided for the Professor of Surgery of the University of Toronto during the teaching term.

6. There shall be an interne in charge of the Clinical Laboratory.

7. There shall be a senior interne who, under the direction of the Superintendent, shall have general oversight of the work of all other internes, supervise the admission of patients and assist in the administration of anaesthetics to public ward patients.

FORM 12

WM. DAVIES, PRESIDENT.
EWD. ADIE, SECY TREAS.

J.W. FLAVELLE, GEN. MANAGER
[redacted]

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OFFICE & WORKS, 521 FRONT ST. E.

Toronto, March 27th, 1908.

R. A. Falconer, M.A., LL.D.,
President, University of Toronto,
Toronto.

My Dear Mr. President,-

Dr. Brown has advised me to-day that he has not yet received any report from the Advisory Committee of the staff of the Hospital covering their recommendations as to the organization and regulation of the new services, which come into effect the First of May. I have asked him to tell the Committee that we will appreciate their immediate action so that the Committee of the Board of Trustees can consider the matter and reach their conclusions before the services come into operation.

I cannot remember that at any time the Board of the Hospital laid down any regulations as to clinical instruction, unless their general rule that all public ward patients should be available for clinical instruction. They have left the matter entirely in the hands of the University, who have made such arrangements as in their judgment seemed desirable. The recommendations which we have asked the Advisory Committee to prepare for our consideration have simply to do with the professional care of sick people, and will have nothing to do, as far as the Hospital is concerned, with teaching. Nor do I suppose the Trustees of the Hospital will take any action in the matter of clinical teaching except as the result of some request from the University.

If therefore it is the desire of the University that some more formal arrangement be made than previously, will you kindly intimate what action you would like us to take. We can adopt the regulations necessary for clinical instruction any time during the Summer, as I suppose we shall continue as at present until the close of this school term. If on the other hand you think it will serve the purposes of the University to have any recommendations you may make covering clinical instruction considered by the Re-organization Committee before it disbands, I am sure they will be pleased to co-operate in any way that you may desire.

Yours truly,

JWFlavelle

FORM 126

WM. DAVIES, PRESIDENT.
EWD ADIE, SECY TREAS.

J.W. FLAVELLE, GEN. MANAGER.
[redacted]

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HAM & BACON CURERS AND
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OFFICE & WORKS, 521 FRONT ST. E.

Toronto, April 4th, 1908.

R. A. Falconer, M. A., LL.D.,
President, University of Toronto,
Toronto.

My Dear Mr. President,-

I have your letter asking that Dr. Brown formally advise you of the recent appointments made upon the Visiting Staff of the Toronto General Hospital. I will at once write asking him to mail them to you.

Covering your request as to the special privileges to be accorded to the Senior Professor in Surgery. You are aware that the plan of re-organization adopted by the Board provided definitely for the various services and for an 'ex officio' position for the seniors in Medicine and Surgery. This is the relationship until changed by order of the Board. To meet the peculiar case of Mr. Cameron it was suggested that as an experimental working plan, you, as President of the University, would arrange with the heads of the surgical services who had already been seen by myself, to give him during the school term (October to May) certain surgical cases. I understand you have made this arrangement and that if

Mr. Cameron elects to do so he can, commencing next October, take advantage of this arrangement. Of course the arrangement is by courtesy, not by right, and can be terminated at any time by the Board of the Hospital. You know my view, however, is, that if wisdom and good sense are used it will continue undisturbed until it has served its purpose. Do you not think it will be well therefore for you personally to tell your committee the arrangement which has been suggested, rather than for Dr. Brown to do so, as he has no official record to guide him.

May I put before you for the information of the committee a short statement of some of the changes which have been instituted at the Hospital, in the hope of serving the University? As far as I am aware no difficulty has been experienced at any time in the Hospital by reason of restrictions having been placed upon the staff of the University in making such use as to them seemed desirable of the clinical material which by regulations of the Board of the Hospital was available for teaching purposes. When the two schools made use of the clinical material there was a good deal of friction and a good deal of difficulty in satisfying the rival interests, but during recent years there has been no such trouble. There have been frequent requests from the University staff that more material should be available, that the manner of allocating patients to the members of the staff should be altered, that specific beds should be allocated to each service, and that the Out-patient Department should be under the control and direction of the seniors of the

Visiting Staff, so that the whole work could be unified.

There was very keen opposition outside when about three years ago the Board of the Hospital, to meet the urgent request of the University, proposed to make all public ward patients, whether paid for by the city or paid for by themselves, or whether attended by physicians who were members of the University Staff or by non-school men, available as clinical material for teaching purposes. The Board persisted despite the opposition and made a rule, which has been in force since, that all public ward patients must submit to be subjects for clinical teaching. This gave an important increase in material though it created a great deal of irritation.

The other representations have been dealt with in the recent re-organization which provides that all public ward cases shall be allotted in rotation to the seniors of the different services, that specific wards shall be assigned to each service, and that the Out-patient Department shall be under the control and direction of the seniors in charge of the services. This is in contra-distinction to the old method whereby ~~only~~ city order patients only were thus allocated. Public ward patients who paid for themselves had the right to select their own doctor from the members of the staff, or any doctor who sent such a patient to the Hospital had the right to choose the physician or surgeon from the staff whom he wished to attend his patient. Because of this, some members of the staff had an abundance of material, while others had very little. Beginning with the First of May the new regulation will go into force, and all patients in medicine or in surgery must be placed in rotation in the various services, without the interference or direction of any doctor within or without the staff. Closely associated with this is the regulation that particular wards will be set apart for the particular services, and the patients in rotation will go to the wards under the charge of the senior to whom they are allotted. No physician or surgeon will have any right to attend patients in these wards except the members of the service which is in charge. This will facilitate the work of the visiting physician or surgeon, as under the old plan he had some of his patients at one end of the Hospital and some at the other.

The old plan in the Out-patient Department provided a separate staff of doctors who had control of the out-patients. Some of these were members of the University Staff and some of them were not. It was claimed that seniors had little use of the material for teaching purposes, and that there was a general lack of unity between the Out-patient Department and the work in the hospital proper. In addition the Out-patient Department suffered through lack of attention. The number of patients in some of the departments was very small, and the conditions were generally unsatisfactory and not creditable. The changes referred to under the re-organization have been put into effect at once, in place of waiting until the First of May. The clinical assistants attached to each of the new services are acting in the Out-patient Department under the direction of their chiefs. The effect has been to practically double the number of out-patients attending the clinics, and the amount of material available for teaching has been thus increased, while the whole spirit of the work is changed.

In the appointments which have been made every senior, assistant and clinical assistant on the staff is a member of the University Staff, with I think three exceptions. Dr. Beatty is attached to one of the surgical services as a clinical assistant under conditions with which you are familiar. Dr. McLennan, an eye specialist, who served the Hospital faithfully for years, was appointed as one of the assistants in the Eye Department, and Dr. Goldsmith an assistant on the Ear, Nose and Throat Department. It will therefore be seen that the staff of the Hospital can be said to be exclusively made up of teachers from the University.

The arbitrary character of the regulations, and the choice of the staff solely from the Faculty of the University, and which has provoked much bitterness against the Hospital, is the evidence which can be submitted as showing the manner in which the Board of Trustees representing several interests, have realized their obligation to the University.

The re-organization of the Department of Surgery illustrates the limitations of university control by reason of an independent board administering the Hospital. In the great majority of surgical cases in the public wards, and indeed for that matter in any of the wards, consultation between surgeon and physician has taken place prior to the patient being brought to the Hospital, and the patient is admitted for the purpose of having an operation performed which has already been decided upon. By our arbitrary regulations we refuse the right to the patient, or to his own physician or surgeon, to say who will perform the operation. We say that the case will be allotted in rotation to a surgeon in charge of one of the services. It will be seen therefore that in taking such a responsibility, it is incumbent upon the Board to select as heads of these services, surgeons who are recognized by the general profession to be the most efficient to perform major operations. In the recent re-organization there were three senior positions only in surgery, and in sympathy with the foregoing the Board made a selection which had to leave out of account three senior professors of surgery in the University. For the same reasons in the Department of Medicine some senior men were not re-appointed.

Anticipating some such possible situation, the Re-organization Committee suggested that the Senior Professor in Medicine and Surgery in the University should 'ex officio' be members of the staff of the Hospital. It was believed that if by reason of age, or for any other cause, such senior did not have a service in the Hospital, yet being an 'ex officio' member of the staff, he would be able to direct the teaching work that should be done in the Hospital by his staff, and that his relation as such would not terminate by the regulations of the Board covering age limit or length of service.

While therefore the whole scheme of re-organization has been considered almost solely from the University standpoint, and while during the past few years in the consideration of the new hospital proposals, it has been the University side which has been the dominant factor, the limitation which the Hospital Board places is that the selection of the physicians and surgeons who will treat or who will operate upon the patients in the Hospital, must be made by them. As by their regulations they have made themselves gravely responsible for the proper treatment of patients in the Hospital, they cannot concede as a matter of right to the University the naming of the surgeons and physicians who will be on the active staff of the Hospital. I am sure, however, that as a matter of practical working out, no difficulty will be experienced because of this natural limitation.

I have talked this matter over with Mr. White many times, and in particular spoke to him concerning your letter to me which has been the occasion of this communication. I am not therefore surprised, although he gave me no intimation that he had any intention of doing so, to receive a letter from him covering what he considers to be the legal aspect of the case. I shall ask his permission to enclose it with my letter.

My purpose in making this statement, and in forwarding to you what Mr. White has said, is that your committee may secure a truer understanding of the efforts which are being made on behalf of the University.

Faithfully yours,

J W Flavelle

83 St. George St.,
July 8, 1908.

Hon. J. P. Whitney, K.C., LL.D.,
Premier of Ontario.

My dear Mr. Premier:-

In the interview to which the Minister of Education invited me a few days ago, you intimated that it would be a considerable time before the Government would take up the question of settling the dispute between the University and the Hospital Board regarding the rights and privileges of the former under the Legislation of two years ago. As the facts and considerations I then mentioned to you and Dr. Pyne have not hitherto been brought out in the public discussion of the question, it has occurred to me that I should now re-state them so that you would have them on record when the whole matter comes before you for settlement.

(1) The first important fact to remember is that from the foundation of the University Medical Faculty in 1887, down to the passing of the Hospital Act in 1906, the right of the University to determine who its clinical teachers in the Toronto General Hospital should be was unquestioned. This right was not of course statutory; but practically the authority and requirements of the University in respect to Hospital facilities were ~~and~~ not only acknowledged, but unquestioned; and further, after the amalgamation of the Trinity Medical Faculty with that of the University, the University continued to exercise exclusive control over the clinical teaching.

(2) Under an agreement between the University and the Hospital Board (May 28, 1906) the University contributed the sum of $300,000. to the Hospital scheme. According to the general views, held and publicly expressed at the time, the object of making this very large contribution was to secure the University permanently in these exclusive rights and privileges, as well as to obtain improved facilities for carrying on the clinical work. Whether it was absolutely necessary under the new Act to have the University's position specifically defined in the Agreement I cannot say. Personally I thought such definition was most expedient, in order to prevent the

possibility of subsequent disputes. Accordingly when the Chancellor (Sir William Meredith), Dr. Hoskin, and myself met the Chairman of the Hospital Board, Mr. Flavelle, to settle the terms of the agreement, I proposed the insertion therein of the following conditions, as embodying what in my opinion the University had a right to expect in view of the above mentioned payment, and what I understood the Hospital Board was prepared to concede to the University:

1. The clinical instructors in the Toronto General Hospital shall be appointed only upon the recommendation of the Board of Governors of the University of Toronto.
2. All clinical cases in public wards shall be placed under the care of the clinical staff appointed as above.
3. Students from other institutions, if admitted to clinical instruction by the staff of the University of Toronto, shall pay to the University the same fees as are paid for clinical instruction by students of the University of Toronto.
4. Adequate provision shall be made in the Hospital for Clinical Chemistry and such other subjects as will conduce to the advancement of scientific Medicine.

In the conference referred to the last of these proposals was objected to as being an implied reflection on the management of the Hospital; and while the other stipulations were not objected to by any one, they were considered unnecessary. Indeed on that occasion the Chancellor expressed the view that it was not necessary to insert any special terms in the agreement, a statement which I remember to have communicated after the meeting to Dr. Macallum, a representative of the Government on the Hospital Board. However, at a subsequent meeting of the conference it was decided to insert two conditions, one relating to the purchase of the new site and the other relating to students' hospital fees.

Now, whilst my proposals for safe-guarding the interests of the University were not inserted in the agreement, there was nothing said during the progress of the negotiations against the rights of the University as set forth in (1) and (2) above. Had these rights been challenged at the time either by Mr. Flavelle or by any one else, I certainly should not have failed to record my protest against the ratification of the agreement when it came before the Board of University Trustees for final consideration.

In other words I was under the impression that these rights were so fully understood and conceded by all concerned that their specification in detail was considered unnecessary by both the contracting parties, and hence I took no further action in the matter. It will ~~then~~ thus be seen that the advantages which I myself expected to accrue to the University under the Hospital Act, and which I imagined everybody concerned expected to accrue to the University were:--(1) Exclusive rights and privileges, for all time, to be enjoyed by its clinical staff; and (2) Provision by the Hospital of an adequate clinical equipment. As the matter of such equipment has not yet apparently become an issue between the University and the Hospital Board, I need not further refer to it.

(3) With regard to the rights and privileges of the clinical staff, the case is, however, quite different, owing to the action of the Hospital Board. In order to understand the full bearing of what has been done by the Hospital Board, it is necessary to remember that hitherto the clinical teachers have been officers of the University, appointed and paid by the University, and accorded, as I have shown above, the privileges of the Hospital for clinical work uninterruptedly from 1887 onward. Some months ago, however, the Hospital Board proceeded to take the whole matter of the re-organization of the clinical staff into its own hands, without regard to pre-existing conditions and without regard to the rights of the University in the premises. By the plan of re-organization adopted by the Hospital Board many of the University's clinical staff are discarded, several promoted, and a few left, subject to an age limit, in their present positions. Apart from this dislocation of the staff, it is necessary to note clearly that the clinical staff as reorganized under this plan is no longer the clinical staff of the University of Toronto, but of the Hospital Board. In this fact consists the revolutionary character of what has been done.

(4) It does not seem to have occurred to the Hospital Board that, in thus proceeding, they were usurping the functions of the University Board of Governors, whose duty, as defined in the University Act, is

to make all appointments and promotions, clinical and otherwise, in connection with the medical faculty. Apparently, moreover, the Governors of the University seem to be unaware of their powers and responsibilities in the premises, for not only have they taken no action in the matter, but one of their number (Mr. W.T.White) appointed with four others as representatives of the University on the Hospital Board has come out publicly in the press to defend the action of that body. And yet the case is quite clear. Not only is it incumbent on the Governors to make these appointments, but it is their duty to fix and pay the salaries of the clinical staff. This latter fact alone one would have thought, might have been a sufficient indication to the Governors that they can not allow the appointing power to be usurped by another body.

(5) But assuming for the moment the action of the Hospital Board to be legal and ratified by the Government, what would be the situation? The University would be obliged to accept as its clinical teachers the nominees of the Hospital Board and would have no independent voice of its own in their appointment. In case an appointee ~~a teacher were appointed,~~ in any given subject, ~~he~~ did not happen to be a member of the University faculty, the University would be confronted with the alternative either of doing without clinical teaching in that subject, or of appointing to its staff the appointee of the Hospital Board. The result, expressed in general terms, would be to constitute the Hospital Board a committee of patronage to the Governors of the University, a situation not only highly improper in itself, but certain to produce permanent discord and disorganization.

(6) As I have shown already, the duty of making clinical appointments, and of paying salaries, rests with the University Governors, but their authority and responsibility do not cease when that is done. There is still further the question of the direction of their work, their control and discipline--very important matters in the administration of this department of University work. Under the plan proposed by the Hospital Board these matters are to be taken out of the hands of the University, and thus the University will be in the position of being obliged to utilize for its clinical work teachers

whom it pays, but who are not responsible to it either for efficiency of service, or for discipline--a situation which is not only contrary to the University Act, as it appears to me, but illogical in itself, and unworkable.

(7) If, then, re-organization of the clinical staff has become necessary, it is the Board of University Governors, and not the Hospital Board that must undertake the task. ~~They cannot properly undertake the task.~~ They cannot properly avoid or delegate to another body a duty for the discharge of which they are primarily and solely responsible. And they must besides see to it that the University does not lose the advantages formerly enjoyed at the Hospital (which would be the case were the plans of the Hospital Board ratified), but that the facilities there for treating patients and instructing students are materially improved. The University is bound to get a fair return not only for the ~~sum of~~ $300,000. ~~has been~~ contributed ~~by the University~~ to the Hospital scheme, but for the amount ~~Moreover the fees~~ paid annually to the Hospital in Students' fees, ~~a sum which~~ an amount ~~is already large and is~~ likely, I understand, to be ~~further~~ largely increased in future.

(8) If the plan proposed by the Hospital Board is carried out the University will be in a much worse position as regards its clinical work than it formerly was. As I showed earlier in this letter the University enjoyed for upwards of twenty years the absolute control of its clinical work in the Hospital and without special financial consideration over and above the fees of students and the salaries of teachers, and now after the payment of $300,000. it is threatened, with being deprived of that control which it is proposed to vest in the Hospital Board. In other words the University enjoyed valuable privileges for many years without any direct contribution to the Hospital funds, privileges which, after the payment of the $300,000. it is proposed wholly to abrogate.

Let me say in conclusion that if the action of the Hospital Board is ratified, not only will the position of the University be extremely complicated and unsatisfactory, but also the action of the Board of Governors and the Government in handing over this large sum for less than nothing, as far as clinical teaching is concerned, will be absolutely indefensible.

Yours faithfully,

(Sd) J. L.

BY-LAW

respecting the Medical
Staff of the Hospital.

BY-LAW RESPECTING THE MEDICAL STAFF OF THE HOSPITAL.

Be it enacted by the Trustees of the Toronto General Hospital —

1. In making appointments to the Visiting Staff, regard shall be had to the agreement between the Governors of the University of Toronto and the Trustees, dated the day of 1909, to the previous training and record of the applicant, his capacity to render service to the sick in the hospital, his scientific attainments, his teaching capacity and the promise he gives for future work.

2. All appointments shall be made annually at the regular meeting of the Board in the month of April ;

3. There shall be no remuneration to members of the Visiting Staff.

4. In making appointments to the Staff sex shall be no bar.

5. The members ofthe Visiting Staff shall not be allowed to serve on the Staff of any other General Hospital.

6. The following shall be the services in the several Departments of the Hospital :

In Medicine (including Dermatology and Neurology), three co-ordinate services.

In Surgery, four coeordinate services.

In Obstetrics, one service.

In Gynaecology, one service.

In Ophthalmology, one service.

In Otology, Rhinology and Laryngology, one service.

7 Each of the services in the several Departments shall be under a head with such associates and assistants as may be found necessary.

8 The several services in all Departments shall be so organized as to include both indoor and outdoor patients and the heads of such services shall be responsible for the treatment of all such patients.

9 The heads in Surgery shall retire from their position at the age of 55, and the heads in Medicine at the age of 60 years. If the Board of Trustees and the University so agree, the age limit may be extended to 60 years in the caseof Surgeons and to 65 years in the case of Physicians. If the Board and the University fail to agree to any such extension, either party may refer the matter to the Lieutenant-Governo in Council for decision. The age limit for Surgeons shall apply to the Heads in the Departments of Obstetrics, Gynaecology, Ophthalmology

Otology, Rhinology and Laryngology.

10. The heads in Medicine shall not engage in general practice but shall confine their work outside of the Hospital to consultation.

11. The heads in Surgery shall practice Surgery only; but this provision shall not apply to the present head professor of Surgery in the ~~said~~ Medical Faculty of the University of Toronto.

12. The head of the service in Obstetrics shall practice Obstetrics and Pediatrics only.

13. The head of the service in Gynaecology shall confine his work in the Hospital to Gynaecology only but may outside engage in Surgery but not in general practice.

14. The head of the service in Ophthalmology shall confine his work in the Hospital to Ophthalmology but may outside practice the three other specialties of Otology, Rhinology and Laryngology.

15. The head of the service in Otology, Rhinology and Laryngology shall confine his work in the Hospital to these specialties, but may outside practice Ophthalmology.

16. There shall be a Department of Pathology and Bacteriology and a Department of Pathological Chemistry. These two Departments shall be in charge of Professors of the University.

17. The Department of Anaesthetics shall be under the supervision of one head.

18. All public ward patients shall be entered under the care of heads of services and shall be available for the clinical instruction of students of the Medical Faculty of the University of Toronto.

19. Members of the Medical Profession who are not on the Staff of the Hospital shall have the privilege of attending patients in the private, semi-private and semi-public wards.

20. There shall be a Medical Board the work of which shall be advisory only, which shall consist of the heads of the various services.

21. Seniors who, by reason of the age limit, are required to sever their connection with the Active Staff, may be given positions on the Consulting Staff.

EXTRACTS FROM THE AGREEMENT BETWEEN THE GOVERNORS OF THE UNIVERSITY OF TORONTO AND THE TRUSTEES OF THE TORONTO GENERAL HOSPITAL.

In order to settle differences of opinion which have arisen as to the rights of the University as to clinical instruction in the hospital and the use of the hospital and the patients thereof, including out-door patients, for the purposes of such instruction, it is further agreed by and between the parties hereto:

9. The President and three of the Governors of the University appointed by the Governors, and the Chairman of the Trustees, and three of the Trustees of the hospital, to be appointed by the Trustees of the hospital, shall constitute a joint Hospital Relations Committee of the two contracting parties, for the purposes hereinafter mentioned;

10. In case of the absence, illness or incapacity of the President of the University or of a vacancy in the office, the Governors of the University may appoint some person to act instead of the President; and in the like case the Trustees may appoint someone to act instead of the Chairman;

11. The Trustees shall forthwith pass a By-law making regulations for the appointment of the Hospital Staff, defining the powers, duties, tenure of office, of the members thereof, and the qualification necessary to entitle to appointment and to remaining in office, and shall procure such by-law to be approved by the Lieutenant-Governor in Council in accordance with the provisions of the Act relating to the Hospital passed in the year 1906, 6 Edward VII, c.59, s.17, as amended in 1908, 8 Edward VII, c.33, s.60, the terms of such by-law to be mutually agreed upon;

12. No change in such by-law shall be made without the consent in writing of the University unless at least one month's notice in writing of the proposed change shall have been first given to the University;

13. Subject to the provisions of paragraph 14, the head professor or other head in the Faculty of Medicine of the Departments of Medicine, Surgery, Obstetrics, Gynaecology, Ophthalmology and Laryngology shall each be entitled ex officio to a regular service in the Hospital (including outdoor patients) and shall be appointed by the Trustees upon its hospital staff and be provided with such service, but the provisions of this paragraph are not to be deemed to confer any right or privilege on any such head professor or other head which shall be enforceable by him, but such provision shall be enforceable only by the University;

14. If the Trustees are of opinion that any person entitled ex officio to a service under paragraph 13 ought not to be entrusted with a service they shall be entitled to notify the University of their objection, and such notice shall be given in writing to the University at least three months before the time for making the annual appointments, and if it is given and the University does not agree to give effect to the objection, it shall be referred to the Lieutenant-Governor in Council for decision;

15. In the event of the objection prevailing, either by the University assenting to it, or by the decision of the Lieutenant-Governor in Council, or in the event of the person entitled ex officio to a service being disqualified under the provisions of the by-laws of the Trustees for appointment, the position shall be filled in the manner hereinafter provided by paragraph 16, for making the appointments of the

other members of the Hospital Staff;

16. All appointments to positions on the Hospital Staff other than those mentioned in paragraph 13 shall be made by the Trustees only on the nomination of the Joint Committee or a majority thereof, and if the Joint Committee is unable to agree upon a nomination for any such appointment the nomination shall be made by the President of the University and the Chairman of the Trustees, or, if they do not agree, by them and some third person appointed by them, or a majority of them;

. . . .

19. In the event of other Departments than those mentioned in paragraph 13 being hereafter established in the Medical Faculty of the University and the University being of opinion that services should be provided for such Departments, the University shall be entitled to require the Trustees to pass the necessary by-law to rearrange the services so as to provide services for such Departments, and if the Trustees object to do so the matter in dispute shall be referred to the Joint Committee for decision, and in the event of the Committee being unable to agree as to whether such arrangement should be made the matter shall be referred to a Medical Expert residing out of Ontario, to be agreed on by the University and the Trustees, or if they are unable to agree as to the Medical Expert he shall be named by the Lieutenant-Governor in Council, and his decision shall be final and shall be given effect to by the passing by the Trustees of the necessary by-law and the transmission of the same to the Provincial Secretary for the approval of the Lieutenant-Governor in Council, but nothing in this paragraph shall entitle the University to require the Trustees

to incur any additional expenditure for new buildings or the equipment of them.

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COPY.

Toronto, Sept. 22, 1910.

J. W. Flavelle, Esq.
Toronto.

Dear Sir,- Re Students' Admission Fees.

Since you telephoned me on this subject to-day it occurred to me that possibly the dissatisfaction felt by the Trustees of the Hospital for Sick Children and St. Michael's Hospital may to a considerable extent be due to the fact that under the new arrangement with the University they have been receiving much less money each year than when their tickets were sold through this office. For instance the session 1905-6 yielded each of the hospitals $660, and that of 1906-7, $616: For the session 1907-8 they each received the very large sum of $1374. Under the new arrangement they were only paid for the session 1908-9 $425, and for 1909-10 $328. The explanation is very simple: When it became known in 1907 that there was to be an increase in the charge to the students these gentlemen naturally rushed to secure "perpetual tickets" which were purchased by almost every man in medicine inclusive of nearly all the First Year men. These tickets being valid for four years thereafter there were comparatively few to pay the $25 yearly charge the following year. Then, last year, when the freshmen of 1908 entered on their second year the University made a regulation exempting these from hospital attendance, thus cutting off a large amount which the hospitals had been anticipating. I may perhaps illustrate the situation by the figures in our own case. In 1906-7 this hospital sold tickets which yielded $2942; in 1907-8 the amount I received for tickets was $6818; in 1908-9 (from the University) only $1275 and in 1909-10 (from the University) only $935. I had provided for the situation so far as the yearly accounts are concerned by carrying to the credit of profit and loss for 1908-9 only $3118, and bringing forward the remainder to make good the shortage of the ensuing years. Of course I explained all this fully to the Treasurers of St. Michael's Hospital and the Hospital for Sick Children, but I do not know whether their Boards understand the situation. After 1911 the perpetual tickets issued in 1907 will be exhausted and then the yearly income to each hospital should be considerably larger than the average of former years, provided, of course, the University makes no new exemptions.

Yours truly,

(Signed) A. F. Millar

Secretary.

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(Uncorrected Copy)

Hospital

First Draft of Proposed Statement of The Toronto General Hospital to the Government.

The passage by the Province of the Toronto General Hospital Act in 1911 definitely established the relationship between the Province, the Provincial University, and the Toronto General Hospital. By that Act the Government of the Province, in fulfilling its function of providing competent medical practitioners for the citizens of the Province, recognized that "a hospital under educational control is as necessary to a medical school as is a laboratory of Chemistry or Pathology". (Carnegie Report on Medical Education in the U.S.) As the result of the Provincial legislation referred to, the Toronto General Hospital became in all essential particulars a University Hospital. The staff is made up of members of the Medical Faculty, the equipment and layout of the Hospital was designed not only from the standpoint of caring for the sick, but from the standpoint of providing all the necessary facilities for medical education, and in effect during the last three years of the medical course the centre of gravity of the Medical Faculty of the University of Toronto is in the Toronto General Hospital. In the case of disagreement between the University and the Hospital as to membership in the medical staff, the decision of the Lieutenant-Governor in Council is final.

From the standpoint of the student, in the three last years of the course, the medical school is in the Toronto General Hospital. For example, for eight months of the current hospital year, 164 students (and for the other four months about 90 students) will pass all their time as medical students at the Toronto General Hospital. At least 150 other medical students will receive part of their instruction at the Hospital. Some 80 students will spend part of their time in other Hospitals. The close relations of the Hospital with the Provincial University and with the Province is guaranteed by the presence of 12 Government and University representatives on a Board of Trustees numbering 24.

The statement is not too strong that if the Toronto General Hospital were compelled to close for lack of funds, the largest centre of medical education in the Dominion would close with it, as the clinical facilities of all other Toronto hospitals taken together would be entirely inadequate. It can easily be imagined not only what the results would be for the people of the Province, but what a serious effect it would have on the welfare of our troops at the front and in camp.

It is evident, therefore, that not only is the Toronto General Hospital discharging a unique function in the life of the Province, but it is doing so, and has for some years done so at a greatly increased cost of maintenance.

To illustrate; the Toronto General Hospital as a hospital would be compelled at its own instance to provide sufficient operating space and equipment; but as a University hospital it must arrange the operating rooms so as to be most effective for educational purposes. This has involved duplication of equipment, duplication of nursing staff, and increased cost of sterilizing, cleaning and heating.

Again, the presence of from 150 to 200 students in the hospital buildings each day necessitates additional space and equipment for waiting-room, cloak-room and toilet facilities, with correspondingly increased maintenance charges for heating, cleaning and repairs, etc. The very passing of this number of young people through the corridors, coming in as they do from outside and not residing in the building, which houses normally from 1000 to 1100 persons, adds a considerable percentage to the cost of keeping the buildings clean - a prime necessity for the Hospital.

The statement below gives an estimate of the additional annual maintenance cost to the Toronto General Hospital on account of providing facilities necessary to maintain first grade medical education at the medical centre of the Province;

1. Extra annual cost on account of arrangements of operating rooms;

Extra cost for sterilizing..............	$802.00	
Extra cost for instruments.............	745.00	
2 Extra Head Nurses.....................	2,220.00	
2 Extra Orderlies.......................	1,416.00	
1 Extra Cleaner.........................	648.00	
4 Extra Pupil Nurses....................	1,440.00	
Depreciation on plant...................	60.85	$7,331.85

2. Extra cost on account of cleaning;-

a- Due to extra waiting room, work-rooms, etc....................................	$115.00	
b- Due to presence of students in large numbers................................	$1,541.00	
c- Due to type of plant and equipment necessary for University Hospital.....	2,051.00	3,707.00

3. Extra cost on account of heating;

a- Due to extra waiting room, work-rooms, etc...........................	$1,000.00	
b- Due to type of plant and equipment necessary for University Hospital.....	5,000.00	6,000.00
		$17,038.85

In addition to the costs, which can be determined with fair accuracy, there are a number of items which, at least until more detailed cost accounts are kept, cannot even be estimated. For example, the presence of such a large number of partially trained young medical men in the wards and the necessity for special nursing service in a University hospital, greatly increase the burdens of the nursing staff. Granted a definite standard of nursing service, a University connection must necessarily increase the cost of that service.

While the measurable annual maintenance charges due to the University connection with the Hospital are about $17,000, there are other large additional expenses which cannot be exactly estimated and the Board of Trustees believe that $25,000 will not cover that part of the deficit which has been brought about by our co-operative arrangements with the Province and the University. They therefore request a grant for this year of that amount.

In conclusion may we say that the desire of the Hospital Board of Trustees is to maintain the highest standards of hospital service and medical training and that it is only on this account that we approach the Government for assistance in carrying out the joint responsibility of the Government, the University and the Board in this regard.

SUMMARY OF HOSPITAL FEES.

(Complete for two trimesters).

FIFTH YEAR.

108 students, fees available,		$2700.00
T.G.H., 108 students,	1620.00	
S.C.H., 108 "	540.00	
St.M.H., 29 "	145.00	
	2305.00	
During the last trimester, 18 students may elect St.Michael's Hospital,which would be another $90.00, - total		2395.00
		305.00

FOURTH YEAR.

102 students, fees available,		$2550.00
T.G.H. 102 students,	1530.00	
St.M.H. 43 "		
23 " (Obst.)		
66	330.00	
S.C.H. 102 "	510.00	
Western 23 "	115.00	
	2485.00	

In the last trimester another 24 go to St. M.H. and 12 to Western, making the total 2665.00

Then already 22 students have attended all four Hospitals, and there will be at least another 8, making total of 30. This is for Gynaecology at Western,with possibly a fewmen for Obst. at St. Michael's,	150.00	$2815.00
	Shortage	265.00

THIRD YEAR

103 students, fees available,		$2575.00
T.G.H., 103 students,	1545.00	
St.M.H.,103 "	515.00	
S.C.H., 12 "	60.00	
	2120.00	
It may be possible that for last trimester another 15 students will attend S.C.H.,Total		2195.00
		380.00

SUMMARY, TWO TRIMESTERS

Toronto General Hospital,

103 Third Year students,	$1545.00
102 Fourth Year students,	1530.00
108 Fifth Year students,	1620.00
	$4695.00

St. Michael's Hospital,

103 Third Year students,	515.00
66 Fourth Year students,	330.00
29 Fifth Year students,	145.00
	990.00
40 students approximately for last trimester,	200.00
	1100.00

Sick Children's Hospital,

12 students Third Year,	60.00
102 students Fourth Year,	510.00
108 students Fifth Year,	540.00
	1110.00
15 students may attend for last trimester,	75.00
	1185.00

Western Hospital,

23 students Fourth Year	115.00
12 students approximately for last trimester,	60.00
30 students in Gynaecology,	150.00
	325.00

Fees available for payment of Hospitals (Total of 313 students)			$7825.00
Estimated payments -	T. G. H.	4695.00	
	St.M.H.	1100.00	
	S. C. H.	1185.00	
	West. H.	325.00	7305.00
			520.00

- MEMO -

Expenditure -

Hospital Site	$ 600,000
" Buildings ($1,350,000) say	1,400,000
" Equipment - say	100,000
	$2,100,000

Available and possible sum to meet above -

	Hospital Site (Paid	$ 600,000
	Securities and Cash on Hand	157,000
	Subscriptions unpaid ($465,000 less say $20,000)	445,000
	Emergency Hospital Fund for building	40,000
	Present Hospital Site say $100,000 to $200,000	100,000
Additional	University say $300,000 to $400,000	300,000
"	Private subscriptions say $200,000 to $300,000	200,000
		$1,842,000

In the above $465,000 outstanding subscriptions the following large sums are included -

Senator Cox	$100,000
Cawthra Mulock	100,000
Massey Estate	100,000
T. Eaton Estate	50,000

To discharge a debt of Three Hundred Thousand Dollars, Three Hundred and Fifty Thousand Dollars or Four Hundred Thousand Dollars, assuming interest at 4 per cent. half-yearly -

By annual payments for 40 years, first payment in advance,

$300,000.........	$14,655.00
350,000.........	17,097.00
400,000.........	19,540.00

By annual payments for 50 years, first payment in advance,

$300,000.........	$13,515.00
350,000.........	15,787.00
400,000.........	18,020.00

North~~-west~~ East corner of hospital site 260 ft. on College St. x 175 ft. on Elizabeth St., including the Dental College and including College Ave. - the actual cost exclusive of law costs $151,438 - in all say $155,000.

RULES FOR ANAESTHETISTS.

1. The head of the Anaesthetic Department shall arrange the work for days and hours satisfactory to the attending staff. After such arrangements have been made, the anaesthetists shall attend regularly and punctually.

2. The head of the department shall be notified of all proposed anaesthesias, and shall arrange for the assistant to attend if he is unable to be present himself.

3. For the administration of anaesthetics in cases of emergency, or in hours other than those of regular attendance he shall arrange for substitutes from among the resident house staff if he or the assistant anaesthetist is unable to be present.

4. Holidays shall be arranged in such a way that either the head or the assistant will always be available for duty.

5. For cases of anaesthesia other than those in public wards the head of the department and the xxxxx assistant anaesthetist shall each take his own calls. In the event of no choice being made it shall be the duty of the head of the department to attend. If unable to attend he shall duly notify the assistant.

6. The head of the department shall see that a record is kept of all anaesthetics administered in the Hospital.

The following recommendations were made by the Seniors in the three Services in Surgery in the Toronto General Hospital at a meeting held on January 27th.1908.

That the Conduct of the Services be arranged as follows.

1.-The allotment of Cases to be as follows:-

(a).All rotation cases to be admitted continuously under one service for a third of a monththus,-

Dr.Bingham	1st third
Dr.Primrose	2nd third
Dr.Bruce	3rd third

That until the end of the present teaching session every fourth case should go to Mr.Cameron and every fifth case to Dr.Teskey continuously.

(b).The Representative of each service on the Outdoor should send his cases in to his own service and all the surgical cases from the outdoor should,for any specific day be admitted under the service of the Outdoor surgeon who is on duty for that day. That until the end of the present teaching term Drs C.L.Starr,C.Temple and Richardson should send their cases in under Mr.Cameron and Dr.Teskey in the manner to be determined by these two surgeons.

(c)That Members of ~~the Seniors and Senior Assistants on~~ each Service should be permitted to send cases in under their own Services provided each case is seen outside in bona fide consultation and that each such case should be admitted only after presenting a letter signed by the Senior or Senior Assistant who has seen the case in Consultation.

✓ 2.-That each service should have two outdoor days in the week.

(Until the end of the present teaching term however only one representative of the three services will be available)

Stet 3.-Each Service to have its own Clinical Records kept distinct and separate for the purposes of each service.

✓ 4.-The urgent necessity of appointing a Surgical Pathologist is recommended .

✓ 5.-It is recommended that there be a co-relation of each servic in Surgery with one specific Service in Medicine. So that a surgical case referred from a medical service should automatically go to a definite service in Surger

✓ 6.-That the Senior Assistant Surgeon should be called upon for all emergency work at night.

Stet (referred to Committee) 7.-That there be some early conference with the Board regarding the manner of appointing House Surgeons and of alloting such house surgeons to their respective services.

✓ 8.-That each Surgeon should have two operating days each per week.

✓ 9.-That there be a specific number of beds available for each service and that equality as to size of service should be rigidly maintained.

Toronto General Hospital

For President Falconer, at request of Dr. Reeve.

VISITING STAFF OF THE
TORONTO GENERAL HOSPITAL.

SURGERY

Service in charge of Dr. Geo. A. Bingham.
Dr. Chas. Shuttleworth, Sr. Assistant.
Drs. A. B. Wright &. T. B. Richardson, Clin. Assts.

Service in charge of Dr. A. Primrose,
Dr. F.N.G.Starr, Sr. Assistant.
Drs. Stanley Ryerson & S. Westman, Clin. Assts.

Service in charge of Dr. H. A. Bruce,
Dr. W.J.O.Malloch, Sr. Assistant.
Drs. W. Jones, Jno. McCollum and A.A.Beatty, Clin.Assts.

Ser

MEDICINE

Service in charge of Dr. A. McPhedran,
Dr. A. R. Gordon, Senior Assistant.
Drs. Wm. Goldie, & Dr. V. E. Henderson. Clinical Assistant.
Dr. H.C.Parsons, In charge of Tuberculosis Clinic.

Service in charge of Dr. W. P. Caven,
Dr. Jno. Fotheringham, Ist Sr. Assistant.
Dr. W. B. Thistle, 2nd Sr. Assistant.
Drs. E. C. Burson & Jos. S. Graham Clin. Assistants.
Dr. D. Campbell Meyers, In charge of Nervous Wards.

Service in charge of Dr. Graham Chambers.
Dr. R. D. Rudolf, Sr. Assistant.
Drs. Goldwin Howland & G. W. Ross, Clin. Assistants.
Dr. D. King Smith, Clin. Asst. in Dermatology.

GYNAECOLOGY.

Service in charge of Dr.J.F.W.Ross,
Dr. Fredk. Marlow, Sr. Assistant.
Drs. W. B. Hendry, A. C. Hendrick, Ida Lynd and
Helen MacMurchy, Clinical Assts.

OBSTETRICS.

Service in charge of Dr. K. C. McIlwraith,

OBSTETRICS, CONT.

Dr. Fredk. Fenton, Sr. Assistant.

Dr. J. A. Kinnear, Clin. Assistant.

EYE DEPARTMENT.

Service in charge of Dr. R. A. Reeve,

Drs. Chas. Trow, J. N. MacCallum &
D. N. MacLennan, Sr. Assistants (of equal rank)

~~DrsXXCXXMXXStewartXXGilbertXRoyce~~
Drs. Colin Campbell & W. H. Lowry, Clin. Assts.

EAR, NOSE & THROAT DEPARTMENT.

Service in charge of Dr. Geo. McDonagh.

Drs. D. J. G. Wishart, G. Boyd and P.
Goldsmith, Sr. Assistants (of equal rank)

Drs. C. M. Stewart and Gilbert Royce, Clin. Assts.

DEPARTMENT OF ANAESTHETICS.

Dr. Samuel Johnston, in charge.

Dr. Duncan Anderson, Assistant.

ELECTRICAL DEPARTMENT.

Dr. C. R. Dickson, in charge.

Dr. George Balmer, Assistant.

Mr. I. H. Cameron, Professor of Surgery in the University of Toronto, ex-officio, member of the active staff in surgery.

Dr. C. L. Starr, Senior Assistant in service of Dr. A. Primrose for the purpose of being available as an assistant to Mr. I. H. Cameron.

Drs. J.A. Temple and F. LeM Grasett, life members of the active staff, without service.

- -

CONSULTING STAFF.

MEDICINE.

Dr. Jno. L. Davison
Dr. T. F. McMahon,
Dr. W.H.B.Aikins,
Dr. Allen Baines
Dr. Jno. Caven.

SURGERY.

Dr. L. Teskey
Dr. N.A.Powell,
Dr.R.B.Nevitt.

OBSTETRICS.

Dr. Adam H. Wright.

EYE AND EAR DEPARTMENT

Dr. G. Sterling Ryerson
Dr. G. H. Burnham.

RECOMMENDATION OF THE MEDICAL BOARD OF THE TORONTO GENERAL Hospital To the Trustee Board on the Mode of Appointment, Term of Service and Allocation of Internes.

I. Applications for all vacancies shall be called for by general notice given by the Superintendent of the Hospital. The list of applicants shall be laid before the Medical Board, when the standing and record of each candidate will be inquired into. Those candidates eligible for appointment shall be referred to the various services for which they have expressed preference in their application, and selection shall be made by the heads of services after examination, it being understood that the eligibility of candidates will largely depend upon their previous work.

2. Each interne on accepting service shall undertake to remain at least one year.

3. There shall be one interne and one externe for each service in Medicine and for each service in Surgery and an interne for each of the other services.

4. Unless otherwise recommended by the Medical Board, Internes shall serve at least six months on a service, excepting in Medicine and in Surgery in which departments the term may be one year.

5. An interne shall be provided for the Professor of Surgery of the University of Toronto during the teaching term.

6. There shall be an interne or an externe in charge of the Clinical Laboratory.

7. There shall be a senior interne who, under the direction of the Superintendent, shall have general oversight of the work of all other internes, supervise the admission of patients and assist in the administration of anaesthetics to public ward patients.

THE TORONTO GENERAL HOSPITAL.

The Committee re out-patient department, pathological laboratories, etc., beg to submit the following suggestions:-

I. In view of the fact that a considerable sum of money must be spent in repairing the wing used by the out-patient department, that the trustees be requested to remodel the clinic rooms.

With the present accommodation it is impossible to successfully carry on the externe service, the waiting room is particularly defective.

2. That a conference be held between the Committee of the Board of Governors of the University on Hospital Relations and the Staff Reorganization Committee of the Hospital Board, to discuss the necessary improvement in the pathological laboratories and clinical rooms, particularly in view of the necessity for better provision for clinical pathology and pathological chemistry.

3. That the relations of the pathological department of the Hospital to the pathological department of the University be more clearly defined.

4. That a room be provided for a pathological museum. ✓

5. That accommodation be provided for surgical pathology. ✓

6. That four rooms be provided for the medical services. ✓

Approved by Medical Board.

REPORT OF COMMITTEE ON HOSPITAL RELATIONS.

The Committee on Hospital Relations begs to report to the Board of Governors as follows:-

1. Your Committee is of the opinion that arrangements should be made with the Trustees of the Toronto General Hospital for the establishment of a Pathological Laboratory at the Hospital.

2. That, subject to proper arrangements being made with the Trustees for the Laboratory being placed under the charge of the Board, and for the maintenance of it by the Trustees, a grant not exceeding $5,000.00 should be made by the University to be expended in the erection of the building and its equipment, and that a Pathological Chemist should be appointed to take charge of the Laboratory.

3. That it should be understood that the University is not committed to the establishment and equipment of such a Laboratory at the new Hospital.

4. That it is desirable that an effort should be made to combine the work of the University, the Government, the Trustees of the Hospital and the City by the establishment of a Laboratory for the use of all, and that, pending the erection of the new Hospital, negotiations should be entered upon between the bodies interested with a view to an agreement being reached for the establishment of such a Laboratory.

Toronto,

7 November, 1907. (Signed) Robt. A. Falconer,
Chairman.

Adopted
by Govrs.
Nov. /07

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Wednesday, January 15th, 1908.

Final Report of the Committee of the Board of Trustees of the Toronto General Hospital on Staff Reorganization.

To the Board of Trustees,
Toronto General Hospital,

Your Committee begs to make its final report as follows:-

That in addition to the head of each department there shall be a senior Assistant or assistants and clinical assistants; and that the following gentlemen be appointed to the positions specified:-

SURGERY.

Service in charge of Dr. G.A. Bingham. Senior Assistant, Dr. C. Shuttleworth; Clinical Assistants, Drs. W. Scott and A. B. Wright.

Service in charge of Dr. A. Primrose. Senior Assistant, Dr. F.N.G.Starr; Clinical Assistants, Drs. S. Ryerson and S. Westman.

It is recommended that Dr. C. L. Starr be given the standing of Senior Assistant and attached to Dr. Primrose's service for the purpose of being available as an Assistant for the Senior Professor in Surgery in the University of Toronto.

Service in charge of Dr. H.A.Bruce. Senior Assistant, Dr. J. Malloch; Clinical Assistants, Drs. W. Jones, John Macollum and A. A. Beatty.

MEDICINE.

Service in charge of Dr. A. McPhedran. Senior Assistant, Dr.A. Gordon; Clinical Assistant Dr. W. Goldie.
In charge of Tuberculosis Clinic under Dr. McPhedran's service, Dr. H. C. Parsons.

Service in charge of Dr. W. P. Caven. Ist Senior Assistant, Dr. J. Fotheringham, 2nd Senior Assistant, Dr. W. B. Thistle; Clinical Assistants, Drs. E. C. Burson and Joseph Graham. In charge of the department for the treatment of Functional Neuroses under Dr. Caven's service, Dr. D.C.Meyers.

Service in charge of Dr. G. Chambers, Senior Assistant, Dr.R. D. Rudolf; Clinical Assistants, Drs. G. Howland and G.W.Ross. Clinical Assistant in Dermatology, Dr. D.K.Smith.

GYNAECOLOGY.

Service in charge of Dr. J.F.W.Ross. Senior Assistant, Dr. F. Marlow; Clinical Assistants, Drs. W. B. Hendry, A.C. Hendricks, Ida E. Lynd, and Helen MacMurchy.

OBSTETRICS.

Service in charge of Dr. K. McIlwraith. Senior Assistant, Dr. F. Fenton; Clinical Assistant, Dr. J. A. Kinnear.

EYE DEPARTMENT.

Service in charge of Dr. R. A. Reeve. Senior Assistants, (of equal rank), Drs. C. Trow, J. Macallum and D. Maclennan; Clinical Assistants, Drs. C. Campbell and W. H. Lowry.

EAR, NOSE & THROAT DEPT.

Service in charge of Dr. G. McDonagh. Senior Assistants, (of equal rank), Drs. G. Wishart, G. Boyd and P. Goldsmith; Clinical Assistants, Drs. C. M. Stewart and G. Royce.

DEPARTMENT OF ANAESTHETICS.

Dr. S. Johnston in charge. Assistant, Dr. D. Anderson.

ELECTRICAL DEPARTMENT.

Dr. C. R. Dickson in charge; Assistant, Dr. G. Balmer.

Your Committee recommends that all appointments lower than that of Senior Assistant shall be probationary and subject to special review before the annual appointments are made.

Your Committee further recommends that in observance of the provisions of the Burnside Trust Agreement, Drs. Temple and Grasett be appointed life members of the active staff without service.

CONSULTING STAFF.

Your Committee recommends that the following be added to the Consulting Staff:-

MEDICINE.

Drs. J.L.Davison W.H.B.Aikins,
T.F. McMahon, A. M. Baines,

SURGERY.

Drs. L. Teskey, R. B. Nevitt and N.A. Powell.

OBSTETRICS.

Dr. A. H. Wright.

EYE AND EAR DEPARTMENT.

Drs. G. S. Ryerson and G. H. Burnham.

In presenting its final report your Committee desires to record its appreciation of the excellent character of the service rendered by the staff past and present, and to express its grateful acknowledgment of the self-sacrificing efforts in the interests of the sick, and of medical education, on the part of members now retiring, several of whom have been connected with the Hospital for long periods and have requested to be relieved from further duty.

It is recommended that the present Committee be continued in existence for the purpose of assisting in bringing into effect the regulations adopted by the Board in connection with the establishment of the new services.

Respectfully submitted,
(SIGNED) J. W. Flavelle,
CHAIRMAN.

Confidential
mutual only

Wednesday, January 15th, 1908.

Final Report of the Committee of the Board of Trustees of the Toronto General Hospital on Staff Reorganization.

To the Board of Trustees,
Toronto General Hospital,

Your Committee begs to make its final report as follows:-

That in addition to the head of each department there shall be a senior Assistant or assistants and clinical assistants; and that the following gentlemen be appointed to the positions specified:-

SURGERY.

Service in charge of Dr. G.A. Bingham. Senior Assistant, Dr. C. Shuttleworth; Clinical Assistants, Drs. W. Scott and A. B. Wright.

Service in charge of Dr. A. Primrose. Senior Assistant, Dr. F.N.G.Starr; Clinical Assistants, Drs. S. Ryerson and S. Westman.

It is recommended that Dr. C. L. Starr be given the standing of Senior Assistant and attached to Dr. Primrose's service for the purpose of being available as an Assistant for the Senior Professor in Surgery in the University of Toronto.

Service in charge of Dr. H.A.Bruce. Senior Assistant, Dr. J. Malloch; Clinical Assistants, Drs. W. Jones, John Macollum and A. A. Beatty.

MEDICINE.

Service in charge of Dr. A. McPhedran. Senior Assistant, Dr.A. Gordon; Clinical Assistant Dr. W. Goldie.
In charge of Tuberculosis Clinic under Dr. McPhedran's service, Dr. H. C. Parsons.

Service in charge of Dr. W. P. Caven. Ist Senior Assistant, Dr. J. Fotheringham, 2nd Senior Assistant, Dr. W. B. Thistle; Clinical Assistants, Drs. E. C. Burson and Joseph Graham. In charge of the department for the treatment of Functional Neuroses under Dr. Caven's service, Dr. D.C.Meyers.

Service in charge of Dr. G. Chambers, Senior Assistant, Dr.R. D. Rudolf; Clinical Assistants, Drs. G. Howland and G.W.Ross. Clinical Assistant in Dermatology, Dr. D.K.Smith.

GYNAECOLOGY.

Service in charge of Dr. J.F.W.Ross. Senior Assistant, Dr. F. Marlow; Clinical Assistants, Drs. W. B. Hendry, A.C. Hendricks, Ida E. Lynd, and Helen MacMurchy.

OBSTETRICS.

Service in charge of Dr. K. McIlwraith. Senior Assistant, Dr. F. Fenton; Clinical Assistant, Dr. J. A. Kinnear.

EYE DEPARTMENT.

Service in charge of Dr. R. A. Reeve. Senior Assistants, (of equal rank), Drs. C. Trow, J. Macallum and D. Maclennan; Clinical Assistants, Drs. C. Campbell and W. H. Lowry.

EAR, NOSE & THROAT DEPT.

Service in charge of Dr. G. McDonagh. Senior Assistants, (of equal rank), Drs. G. Wishart, G. Boyd and P. Goldsmith; Clinical Assistants, Drs. C. M. Stewart and G. Royce.

DEPARTMENT OF ANAESTHETICS.

Dr. S. Johnston in charge. Assistant, Dr. D. Anderson.

ELECTRICAL DEPARTMENT.

Dr. C. R. Dickson in charge; Assistant, Dr. G. Balmer.

Your Committee recommends that all appointments lower than that of Senior Assistant shall be probationary and subject to special review before the annual appointments are made.

Your Committee further recommends that in observance of the provisions of the Burnside Trust Agreement, Drs. Temple and Grasett be appointed life members of the active staff without service.

CONSULTING STAFF.

Your Committee recommends that the following be added to the Consulting Staff:-

MEDICINE.

Drs. J.L.Davison W.H.B.Aikins,
T.F. McMahon, A. M. Baines,

SURGERY.

Drs. L. Teskey, R. B. Nevitt and N.A. Powell.

OBSTETRICS.

Dr. A. H. Wright.

EYE AND EAR DEPARTMENT.

Drs. G. S. Ryerson and G. H. Burnham.

In presenting its final report your Committee desires to record its appreciation of the excellent character of the service rendered by the staff past and present, and to express its grateful acknowledg~~e~~ment of the self-sacrificing efforts in the interests of the sick, and of medical education, on the part of members now retiring, several of whom have been connected with the Hospital for long periods and have requested to be relieved from further duty.

It is recommended that the present Committee be continued in existence for the purpose of assisting in bringing into effect the regulations adopted by the Board in connection with the establishment of the new services.

Respectfully submitted,
(SIGNED) J. W. Flavelle,
CHAIRMAN.

Globe

World

Mail

Second interim report of the Committee of the Board of Trustees of the Toronto General Hospital on Staff Reorganization.

To the Board of Trustees of the Toronto General Hospital,-

Your Committee on Staff Re-organization begs to make its second interim report as follows:-

Your committee recommends that the senior professor in medicine and the senior professor in surgery in the University of Toronto shall be ex-officio members of the active staff of the Hospital. In the event of these professors being heads of services in the respective departments of medicine and surgery in the hospital, they shall be subject to such regulations as apply to the heads of services, but at the termination of their terms of service as such heads, they shall continue as ex-officio members of the active staff.

With regard to the headship of the services in the several Departments, your Committee makes the following recommendations:-

(I) That Drs. A. McPhedran, W.P.Caven and G. Chambers be appointed as heads of the services in Medicine.

(2) That Mr. I. H. Cameron, Professor of Surgery in the University of Toronto be appointed, ex-officio, a member of the active staff of the Hospital and that Drs. G. Bingham, A. Primrose and H.A.Bruce be appointed as heads of the services in Surgery.

(3) That Dr. J.F.W.Ross be appointed head of the service in Gynaecology.

(4) That Dr. Kenneth McIlwraith be appointed as head of the service in Obstetrics.

(5) That Dr. Geo. McDonagh be appointed head of service in the Ear, Nose and Throat Department.

(6) That Dr. R. A. Reeve be appointed head of the service in the Eye Department. With regard to this recommendation your Committee considered it in the interests of the Hospital to infringe on the rule as to age limit adopted by the Board, by reason of Dr.Reeve's special qualifications for the position. It is recommended,however, on account of such rule that the appointment, if made, shall come up for special consideration annually.

Respectfully submitted,

(SIGNED) J.W.Flavelle,

hairma [illegible] of the Committee.

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Hospital

Confidential
until mtg

University of Toronto.
PRESIDENT'S OFFICE.

I should think that the Committee through which the ~~governors would be~~ facilities for clinical instruction in the Hospital should be reported to our Board of Governors is the Committee on Hospital relations. If Dr. Brown will send me formal notice of the recent appointments or of the facilities the Surgical staff of the Hospital will give to the Senior professor of Surgery I will report it to that Committee next week, & they will then report to the Board of Governors of the University.

Hospital

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Toronto General Hospital,

Toronto,

THE SECRETARY

STAFF OF THE TORONTO GENERAL HOSPITAL.

SURGERY.

Service in charge of Dr. George A. Bingham,
Dr. Charles Shuttleworth, Senior Assistant,
Drs. A. B. Wright & T. B. Richardson, Clinical Assistants.

Service in charge of Dr. A. Primrose,
Dr. F. N. G. Starr, Senior Assistant,
Drs. E. Stanley Ryerson & Samuel Westman, Clinical Assistants.

Service in charge of Dr. H. A. Bruce,
Dr. W. J. O. Malloch, Senior Assistant,
Drs. W. Jones, John McCollum & A. A. Beatty, Clinical Assistants.

MEDICINE.

Service in charge of Dr. A. McPhedran,
Dr. A. R. Gordon, Senior Assistant,
Drs. Wm. Goldie & V. E. Henderson, Clinical Assistants,
Dr. H. C. Parsons, In charge of Tuberculosis Clinic.

Service in charge of Dr. W. P. Caven,
Dr. John T. Fotheringham, First Senior Assistant,
Dr. W. B. Thistle, Second Senior Assistant,
Drs. E. C. Burson & Joseph S. Graham, Clinical Assistants,
Dr. D. Campbell Meyers, In charge of Department for treatment of Functional Neurosis.

Service in charge of Dr. Graham Chambers,

Dr. R. D. Rudolf, Senior Assistant,

Drs. Goldwin W. Howland & G. W. Ross, Clinical Assistants,

Dr. D. King Smith, Clinical Assistant in Dermatology.

GYNAECOLOGY.

Service in charge of Dr. J. F. W. Ross,

Dr. Frederick W. Marlow, Senior Assistant,

Drs. W. B. Hendry, A. C. Hendricks, Ida E. Lynd and Helen MacMurchy, Clinical Assistants.

OBSTETRICS.

Service in charge of Dr. K. C. McIlwraith,

Dr. Frederick Fenton, Senior Assistant,

Dr. J. A. Kinnear, Clinical Assistant.

EYE DEPARTMENT.

Service in charge of Dr. R. A. Reeve,

Drs. Charles Trow, J. M. McCallum & D. N. Maclennan, Senior Assistants (of equal rank,)

Drs. Colin Campbell & W. H. Lowry, Clinical Assistants.

EAR, NOSE & THROAT DEPARTMENT.

Service in charge of Dr. George McDonagh,

Drs. D. J. Gibb Wishart, G. Boyd and P. Goldsmith, Senior Assistants (of equal rank)

Drs. C. M. Stewart & G. Royce, Clinical Assistants.

DEPARTMENT OF ANAESTHETICS.

Dr. Samuel Johnston in charge,

Dr. Duncan Anderson, Assistant.

ELECTRICAL DEPARTMENT.

Dr. C. R. Dickson in charge,

Dr. George Balmer, Assistant.

CONSULTING STAFF.

MEDICINE.

Dr. John L. Davidson, Dr. W. H. B. Aikins,

Dr. T. F. McMahon, Dr. Allen Baines,

Dr. John Caven.

SURGERY.

Dr. L. Teskey, Dr. R. B. Nevitt,

Dr. N. A. Powell.

OBSTETRICS.

Dr. Adam H. Wright.

EYE AND EAR DEPARTMENT.

Dr. G. Sterling Ryerson Dr. G. H. Burnham.

Mr. I. H. Cameron, Professor of Surgery in the University of Toronto, ex-officio, member of the active staff in surgery.

Dr. C. L. Starr, Senior Assistant in service of Dr. A. Primrose for the purpose of being available as an assistant to Mr. I. H. Cameron.

Drs. J. A. Temple and F. LeM Grasett, life members of the active staff, without service.

Toronto General Hospital,

THE SECRETARY

Toronto, February 3rd 1909.

Dr. R. A. Falconer, L.L.D.,
President, University of Toronto,
Toronto.

Dear Sir:

I beg to enclose a list of the members of the various Standing Committees elected by the Board at the Annual Meeting on the 27th ultimo. You will please note that you are a member of the House Committee, and the Committee on Medical Staff Affairs and University Relations.

Your obedient servant,

a. F. Miller

Secretary.

Toronto General Hospital, Standing Committees, 1909.

EXECUTIVE COMMITTEE.

Ald. T. Foster,
D. R. Wilkie,
Prof. A. B. Macallum,
Dr. W. S. Harrison,
Cawthra Mulock,
Dr. J. O. Orr,
M. J. Haney,
His Worship the Mayor,
Ald. R. H. Graham,
J. W. Flavelle,
P. C. Larkin.

HOUSE COMMITTEE.

Charles Cockshutt,
Dr. John Hoskin, K.C.,
Ald. R. H. Graham,
Ald. J. J. Graham,
H. H. Fudger,
W. J. Douglas,
Rev. J. A. Macdonald,
R. A. Falconer,
H. C. Cox,
W. E. Rundle,
J. W. Flavelle,
P. C. Larkin,

FINANCE COMMITTEE.

W. E. Rundle,
Ald. T. Foster,
Charles Cockshutt,
The Mayor,
H. H. Fudger,
Cawthra Mulock,
J. W. Flavelle,
P. C. Larkin.

PROPERTY COMMITTEE.

Ald. T. Foster,
W. T. White,
W. J. Douglas,
H. C. Cox,
Dr. J. O. Orr,
J. W. Flavolle,
P. C. Larkin.

SUB-COMMITTEE ON ACCOUNTS.

Chairman of the Finance Committee,
" " " House "
" " " Property "

COMMITTEE ON MEDICAL STAFF AFFAIRS AND UNIVERSITY RELATIONS.

W. T. White,
B. E. Walker,
Dr. J. O. Orr,
Dr. W. S. Harrison,
Prof. Macallum,
The Mayor,
P. C. Larkin,
J. W. Flavelle,
Dr. Falconer, Assessor.

PLANS COMMITTEE.

M. J. Haney,
W. E. Rundle,
Prof. Macallum,
W. T. White,
Ald. T. Foster,
J. W. Flavelle.
With power to add to their number along the lines of financial arrangements.

Hospital

Toronto General Hospital

Saturday, February 6th, 1909.

R. A. Falconer, Esq., L L.D.,
President, University of Toronto,
Queen's Park.

My dear Mr. President:-

There has been persistent statement that the Senior Professor in Surgery in the University was not operating in the General Hospital. It has come to me from many sources and has been repeated with increasing earnestness. I have been assured that I was mistaken in saying that Mr. Cameron was operating in the General. This has led me to make definite and particular inquiries from the Superintendent of the Hospital. I learn that all such rumors are without foundation. That Mr. Cameron is getting of the surgical public ward cases, one in six; that he operates or is present when Dr. Clarence Starr operates on all these cases and is giving his clinics upon them. His patients are occupying fourteen beds this morning.

For many years a small ward containing six beds immediately over the main entrance hall has been used exclusively for semi-private patients. Some months ago when the number of patients in the hospital was small, Dr. Brown thought it would be a nice act of courtesy to Mr. Cameron if he (Dr. Brown) were to arrange to give him this small ward for his male surgical cases while the number of semi-private cases was in moderate compass. He accordingly did so. Recently, when we have been crowded for space for the semi-privates, the Superintendent naturally took this small ward for the purpose for which it had been used all these years and which necessitated Mr. Cameron's male surgical cases being distributed in the other surgical wards.

I would not have thought it necessary to say anything to you about this matter if it had not been that the last two who have spoken to me about it were the Dean of the Faculty, Dr. Clarke, and a member of the Board of Governors of the University. Probably some confusion has arisen between St. Michael's and the General Hospital as I understood from the Dean a few days ago that Dr. Cameron's service in St. Michael's had broken down.

I have asked Dr. Brown to see Mr. Cameron at once and explain to him the reason why he cannot have the ward in question continuously. I have also asked Dr. Brown to see the Dean of the Faculty and explain to him the situation.

Yours very truly,

J W Flavelle

Chairman of the Board.

Per B

THE SECRETARY:

TORONTO GENERAL HOSPITAL

Toronto, January 28th 1910

Dear Sir:

I beg to forward to you herewith lists showing the membership of the Standing Committees for the Year on which your name has been placed by the Board.

Your obedient servant,

A. F. Miller

SECRETARY.

Pres. R. A. Falconer,
University of Toronto,
Toronto.

MEDICAL STAFF AFFAIRS.

Members appointed January 26th, 1910.

Mr. W. T. White,
Dr. J. O. Orr,
Prof. A.B Macallum,
Mr. P. C. Larkin,
Mr. B. E. Walker,
Mr. Z. A. Lash, K. C.
The Mayor,
Mr. J. W. Flavelle,
President R. Falconer,
Ald. R. H. Graham.

HOUSE COMMITTEE

Members appointed January 26th, 1910.

Mr. Charles Cockshutt,
Dr. John Hoskin,
Ald. J. O. Mc Carthy,
Ald. Geo. Weston,
Mr. H. H. Fudger,
Mr. W. J. Douglas,
Mr. Z. A. Lash, K. C.,
President R. Falconer,
Mr. H. C. Cox,
Mr. W. E. Rundle,
Mr. J. W. Flavelle,
Mr. P. C. Larkin.

UNIVERSITY OF TORONTO
DEAN'S OFFICE
FACULTY OF MEDICINE

April 5th.,1910

Dear Mr. Lash,-

I have discussed the matter of our relationship with StMichael's and the heads of the departments think that an arrangement somewhat similar to that existing with the General Hospital should ne made. There has been a change of opinion in regard to the amount of room required for the pathological work and a building much less extensive than that first proposed will answer the purpose. This will materially reduce the cost of the outdoor department building as it was proposed to devote a great deal of space to pathology. Now if any sum of money is paid for privileges to be granted to us we should clearly understand our rights and have them defined in such a way that there can be no misunderstanding.

As with the General Hospital the head of ~~the~~ each department should be exofficio head of each department in StMichaels. We should have the right to nominate the staff in the same manner as at the General, and it should be clearly specified that our men shall have charge of all public patients, and that these public patients should not be in the same

UNIVERSITY OF TORONTO
DEAN'S OFFICE
FACULTY OF MEDICINE

ward with the semi private patients.

We should have full charge of the out-door department and ofcourse the proposed agreement should make it clear that we have full clinical advantages for our students.

In connection with the main wards there should be a small room for our service devoted to Clinical laboratory purposes. Our Pathologist should be head of the pathological department and have placed at his disposal all the pathological material available.

These are the chief requirements and the whole thing is much simplified by the fact that no elaborate or costly building is asked for: all we require will be a few rooms for laboratory purposes.

If there is anything not made clear in this kindly let me know. I have sent a copy of this letter to the President of the University.

Yours truly,

Dean

Z. Lash, Esq.,
Blake, Lash & Cassels,
Toronto,,Ont.

St. M's Hospital

DEAN'S OFFICE
FACULTY OF MEDICINE

April 5th.,1910

Dear President,-

After talking the StMichael's situation over with Mr. Lash and the heads of the Medical, Surgical and Pathological departments we have arrived at the opinions expressed in the letter to Mr. Lash. The problem is really much more simple than we thought at first and I sincerely trust that some satisfactory arrangement will be arrived at at an early moment.

Yours truly,

C.K. Clarke
Dean

one of these hospitals could be made self sustaining on the current revenue aspect of their work. Capital for buildings would have to be found from other sources.

By such a system I think there could be effected considerable saving in running expenses.

Then, there would be a common condition of the staff. When I was chairman of the Collegiate Board some years ago, I had the board introduce the plan whereby a member of the teaching staff could be transferred from one Collegiate institute to another. In other words there was one common staff instead of a number of separate ones. This plan worked out well. By the plan I am outlining the hospital board might assign duties to a member of the staff in any one of the hospitals, where his abilities might be most required.

I wish to lay emphasis on the danger to clinical teaching of having a municipal hospital come into operation in the city. The medical profession, not connected with a hospital, would urge on the Council to have the right granted of attending *all* patients, whether pay or city

5

order cases. This would be granted. The result would be that some five hundred doctors would send their city order patients into the Municipal hospital and attend these. This would destroy the work of clinical teaching in such an institution, and place a large amount of the material beyond the reach of the regular clinicians. This would be a calamity, and it would be a certain one.

As I mentioned to you the doctors of the city cannot secure the cooperation of rich men to buy the old General, and they cannot do it themselves. A good deal has been said in the news papers about fraternal societies taking up the work. Here let me remark on this point that these societies cannot undertake the work. These orders have two sources of revenue. The first is the assessment funds used for the payments of death claims, sickness gratuities, and other disabilities. These funds are trust funds that the law will not allow to be perverted into any other use. then they have what is known as their working funds. This is never large and is used for the payment of office rent and clerical help, printing, and suchlike expenses, these funds would not at all be sufficient for the purchase of a hospital. Further, all these funds are contributed by members all over the Dominion, and could not be used for a local object. The only way that the societies could take the matter up would be by voluntary contributions from the members in Toronto, and this would be quite out of the question.

Now, how is the problem to be met? I think in the following way.

(1) Fix the charges on the wards so as to make the (old general) hospital self sustaining. This might mean dividing up some of the public wards into semi private wards. Open the door of the hospital freely to all wards except the city order. This would head off the demand for a municipal hospital. Which has now gained considerable momentum. This concession would not adversely affect clinical teaching, or not to any great extent. For this concession to the medical profession and the fraternal societies, the city council might be willing to pay an annual

rental or grant.

(2) In a few years, the city could be induced to make a grant of a large sum again towards Capital account. From time to time the wealthy would also do something.

(3) I am of the opinion that Grace Hospital and the Orthopedic Hospital could be induced to join in such a plan. There would have to be some concessions made to these, but this is a small matter in the evolving of a great scheme that would work for the good of the city

and medical education for all time to come. Time would soon reduce to a proper level any uneven points in the system resulting from what I am now outlining. I would do what I could in the matter.

You are at liberty to show this letter to Mr. Flavelle. I would not wish that any publicity be given to it. Some of my views may be crude, but they may be a basis for development.

I must apologize for the length and hasty construction of this communication.

I am Yours truly
John Ferguson

Hospital

The Canadian Magazine,
Toronto.

264 College St. 1

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Toronto, 2 Dec 1912

President Falconer
Univ. Toronto.

Dear Sir,—
On two or three occasions I have mentioned to you my views regarding clinical teaching in the hospitals and some points about their management. Permit me to enter into this subject more fully.

In the first place, I am of the opinion that the old General, the New General, the Hospital for Children, and the Western should be brought under one common management. This would make for efficiency in management and a common purpose in clinical teaching and the facilities for the same. This could be brought about gradually.

It might be said that this would place upon one board a very heavy responsibility. There is no doubt of this, but a strong board could divide itself into sections to look after each hospital under a common scheme. There would be in each institution a competent person to look after details.

Such a board could formulate a scale of charges for the private wards, & the semi-private wards that would yield a margin of profit to meet the deficit on the public ward patients. By a proper adjustment of these charges and the regulation of the number of each class of wards each

Hospital

20 Wellesley Street,

Toronto, March 27th, 1913.

Mr. Z.A.Lash,
59 Admiral Road,
Toronto, Ont.

My dear Mr. Lash:

I am informed today by Dr. W.P.Caven that he has forwarded to the Superintendent of the Toronto General Hospital his resignation of his appointment on the Active Staff, to take effect this Spring. I am forwarding to the Superintendent an application for appointment to succeed Dr. Caven in charge of his Service, and for your information, as a member of the Committee charged with the making of these appointments under the Hospital Act, I beg leave to supply you with the following data:-

(a) Age, 52 Years.

(b) Services, &c.-

1. Graduate of University of Toronto in Arts (1st Class Honors in Classics) in 1883, and in Medicine (M.B.) in 1891.
2. Graduate in Medicine, M.D.C.M. (Silver Medallist) in University of Trinity College, 1891.
3. Seven years as Classical Master in Whitby and Brockville Collegiate Institutes, and in Upper Canada College prior to graduation in Medicine.

4 On graduation in 1891 in Medicine, appointed to staff in Anatomy in Medical Faculty, University of Toronto, and, after one Year's service, transferred to Trinity Medical School, and at time of Amalgamation of the two schools had completed eighth year as Professor of Therapeutics.

5. My Hospital Appointments have been: In General Hospital on medical side since 1892, (20 years), and the Hospital for Sick Children for about the same length of time, till this spring, when I vacate my appointment to remain with the General Hospital under the change in Regulations of the Hospital for Sick Children prohibiting the retaining of appointment on another Hospital at the same time.

6. I was also for several years, of the dates of which I have no record, Physician in charge of a Service in St. Michael's Hospital, which I resigned, on account of pressure of work, about the year 1899, to be succeeded by Dr. H.B.Anderson.

7. I should also point out that upon the reorganization of the General Hospital Staff, under the system at present in force, I was given a special status, in the Service of Dr. W.P.Caven, as 1st Senior Assistant, this Service being the only one with two Senior Assistants, a first and a second.

8. In the University of Toronto my status has been, since 1903, that of Associate Professor of Medicine and of Clinical Medicine, so that in Medicine as against Clinical Medicine I rank next to the Head of the Department.

I beg, therefore, respectfully to suggest that my seniority and length of service seem to justify me in looking for promotion, not only in the Service to which I am attached, but in the Medical side of the Hospital Staff as a whole.

I have the honor to be

Sir

Yours faithfully,

J. T. Fotheringham

Z. A. LASH, K.C., LL.D.
TORONTO.

TORONTO, April 11th, 1913.

President Falconer,
University of Toronto,
TORONTO.

My dear Mr President:-

I presume that you have received from Dr. Fotheringham a letter similar to the enclosed, but, as I shall probably be away when the matter comes up, I send the letter to you. I have no comment to make, as I know very little of the subject. I think that Dr. Fotheringham is a very capable man.

Yours sincerely,

Z A Lash

Enc.

Medical and Surgical Staff appointed October 1st, 1913.

Consultants.
Medicine

Dr. J. L. Davidson,
Dr. W. H. B. Aikins,
Dr. T. F. McMahon,
Dr. Allen Baines,
Dr. John Caven,
Dr. W. P. Caven,

Electrical Department.

Dr. C. R. Dickson, Consultant,

Surgery.

Dr. L. Teskey,
Dr. Clarence L. Starr,

Obstetrics.

Dr. Adam H. Wright

Eye and Ear Department

Dr. G. Sterling Ryerson,
Dr. G. Herbert Burnham,

Nose and Throat Department

Dr. George McDonagh,

ACTIVE STAFF

Dr. J. A. Temple (without service)
Dr. F. Le M. Grasett (without service)

Medicine.

Dr. A. McPhedran, Ex- officio
Dr. A. R. Gordon, Senior Assistant
Dr. Arnold Clarkson, Assistant in Therapeutics
Dr. C. S. McVicar. Clinical Assistant

Dr. T. J. Fotheringham, Ex- officio

Dr. W. B. Thistle, Senior Assistant
Dr. E. C. Burson

Dr. Graham Chambers Ex.- officio

Dr. R. D. Rudolf, Senior Assistant
Dr. G. W. Ross

Out Patients' Department in Medincine

Dr. Wm. Goldie,

Tuberculosis Clinic

Dr. Harold C. Parsons

Neurological Clinic

Dr. Goldwin Howland

Dermatological Clinic

Dr. D. King Smith

~~Temporary Assistant~~

Temporary Assistants

Dr. Cooper Cole,
Dr. John Mitchell,
Dr. F. W. Rolph,
Dr. J. A. Oille,
Dr. E. Trow,
Dr. W. E. Williams,

Surgery

Mr. I. H. Cameron, Ex- officio
Dr. Norman Shenstone, Senior Assistant,
Dr. R. E. Gabey, Junior Assistant,
Dr. Ae E. Moorehead, Clinical Assistant,

Dr. George A. Bingham, Ex. -officio

Dr. Charles Shuttleworth , Senior Assistant
Dr. A. D. Wright,
Dr. T. B. Richardson,

Dr. A. Primrose, Ex officio

Dr. F. N. G. Starr, Senior Assistant
Dr. Stanley Ryerson, Second Senior Assistant
Dr. J. A. Roberts, Clinical Assistant

Dr. Herbert A. Bruce Ex officio

Dr. W. J. O. Malloch, Senior Assistant,
Dr. Warner Jones,
Dr. John McCollum,
Dr. A. A. Beatty,

Dr. Beverley W. Milner, Junior Assistant for out patients' service (attached to Mr. Cameron's service)

Gynaecology.

Dr. B. P. Watson Ex officio
Dr. Frederick Marlow, Senior Assistant,
Dr. W. B. Hendry,
Dr. A. C. Hendrick,
Dr. Helen MacMurchy (Resigned Nov. 12th, 1913)

Obstetrics

Dr. B. P. Watson, Ex officio
Dr. K. J. McIlwraith, assistant
Dr. J. A. Kinnear, Assistant
Dr. William Mabee, Junior Assistant,

Ophthalmology

Dr. R. A. Reeve, Ex officio (Resigned June4th, 1914)
Dr. J. M. MacCallum, Senior Assistant
Dr. D. N. MacLennan,
Dr. Collin Campbell,
Dr. W. H. Lowry,

Otology, Rhinology and Laryngology

Dr. D. J. Gibb Wishart, Ex. officio
Dr. G. Boyd, Senior Assistant,
Dr. Perry Goldsmith, Senior Assistant
Dr. G. Royce, Senior Assistant
Dr. E. McKelvie Temporary Assistant
Dr. H, McG. Bowen, " "
Dr. A. Campbell, " "
Dr. E. Boyd " "

Department of Anaesthetis.

Dr. Samuel Johnston,
Dr. R. J. Mac Millan,
Dr. Thomas Hanley,

Pathology

Prof. J. J. McKenzie,
Dr. O. R. Mabee,

Clinical ~~Labatory~~ Laboratory

Dr. Norman T. Maclaurin,

Therapeutic Inocullation,

Dr. G. W. Ross,

Psychiatry.

Dr. C. K. Clarke,

Registration Department,

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Radiography

Mr. B. J. Fenner.

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Radiography

Mr. B. J. Fenner.

C O P Y .

TORONTO GENERAL HOSPITAL

SUPERINTENDENTS OFFICE

October 9, 1913.

J. W. Flavelle Esq., LL.D.,
Chairman Board of Trustees,
Toronto General Hospital,
Toronto, Ont.,

Sir:-

Several days ago you requested me to draft a brief report as to the advisability of making further additions to the hospital, having in mind the care of poor people who are in the early stages of tuberculosis.

Dr. Haywood, Assistant Superintendent, and I have discussed the matter from various standpoints and after a careful consideration of the whole question have arrived at the following conclusions.

Attitude of the General Public.

It has been said that the public as a whole might be alarmed if it were known that tubercular patients were provided for in any portion of the hospital. To the medical mind such objection would appear unreasonable and without force, as with proper precautions and isolation the danger of contagion can be absolutely done away with. Indeed under the present law we cannot refuse tubercular patients, and many types of tuberculous disease are to be seen in the wards at any time. However we must be guided to a great extent by public sentiment and the possibility of a hostile expression of opinion. If the people were not fully informed of the intentions of the Board it might happen that a misinterpretation of the scheme would result in an amount of apprehension not justified by a well considered survey of the proposals. about to be submitted. On the other hand we feel certain that if the scheme to be outlined were to be intelligently and judiciously placed before the people they would at once realize the importance and value of it. When it is made plain that the intention is to relieve the general wards of the tubercular patients, that opportunity is to be given to early cases of phthisis to take advantage of the most recent advances in the way of treatment, that all the means already at the disposal of the public do not in any sense meet the demands, opposition will die out. We are satisfied that if the "reasons why" are fairly stated an intelligent community will applaud the endeavours of the Trustees. In other words in our judgment the widest publicity will secure the co-operation and approval rather than the opposition of the public.

The reasons why wards for the tuberculous should be established.

It may fairly be asked why should a General Hospital undertake work that is supposed to be carried on by National and local Sanitaria. If such institutions could in any sense meet the needs of the community the reply to the query might be difficult, but a brief glance at the Tuberculosis Map in the City Hall, where some 1427 cases are recorded as under observation, will furnish food for careful thought and it will be at once realized, that with all the resources available, we are powerless to accomplish more than a tithe of the work that should be done.

The cases that might be benefited by intelligent care, treatment and education cannot be reached, simply because the demands of the hopeless or nearly hopeless cases require immediate attention. Weston, the one available institution near at hand is looked on as a "dernier resort" and what Gravenhurst is able to do for the more hopeful patients is merely a drop in the bucket of requirement. We cannot close our eyes to the fact that only striking object lessons to the public will show them how to deal with the problem intelligently. Not only that it must be admitted, reluctantly, that a very large proportion of the medical profession have but a crude idea of the needs of tubercular patients in the early stages of disease. We might go further and say that for want of proper clinical instruction, largely owing to lack of material, young physicians are not always as proficient in the art of diagnosis as could be desired. This is largely because there is no centre near at hand where students have opportunity to acquire knowledge in this particular branch of general medicine. What is proposed in the scheme to be outlined would make possible the diagnosis, treatment and care of incipient phthisis to the student. What bearing this would have on the health of the whole community is scarcely to be estimated.

At the present time the only opportunity the student has is in our Out-Patient Department which conducts a tuberculosis clinic. Patients come there in a somewhat haphazard way and while the student acquires a superficial knowledge of Tuberculosis, a great deal that is of importance in methods of diagnosis and continued treatment is missed.

The advantage to the Hospital itself.

Paredoxical as it may seem this very large hospital is too small in its largest departments, viz., Medicine and Surgery. The chief demands on the accommodation are in Medicine and Surgery and already we have realized that it will be a difficult matter in this rapidly growing City to provide room for those applying for treatment. As has been hinted a certain proportion of tubercular patients, both Surgical and Medical are to be found in the wards. At all times, these take up room needed for other cases and require so much special attention that they complicate the problems of the ward. The removal of them from the general wards would simplify nursing materially. The sterilization of dishes etc., the nursing generally of tubercular patients when concentrated in one department would mean the simplifying of many problems of administration and nursing.

Again the educational side of the scheme comes to the fore. The advantage to the country at large of having nurses trained in the most intelligent and successful methods of caring for tubercular patients can scarcely be estimated. The nurse is perhaps quite as great a factor as the physician in educating the people to an intelligent conception of their duty and responsibility to the sick. Those of us who have seen tragedy after tragedy in homes where tuberculosis was rampant simply because families had no idea of the dread nature of the disease they were harbouring, can make a feeble estimate of the advantage of having no end of educational influences at work. Only by such means will the white plague be stamped out and only by the isolation of the innumerable centres of infection in hospitals and sanitoria during their danger period will the enemy be fought successfully.

Taking it for granted then that it is advisable from the theoretical standpoint to undertake the care of early cases of phthisis what is the outlook from the practical side? Is such a scheme justifiable from the standpoint of economy? Will the institution of a Tuberculosis Clinic add materially, if at all, to the already overtaxed requirements of maintenance? In other words should the hospital undertake greater responsibilities than it has at present? If it were proposed to put up a separate pavilion we would not hesitate to express disapproval. The cost of building and equipment would be very great and the organization of such a department could not be justified in any way. It so happens that another solution of the problem is possible, a solution that has always been present in our minds since the so called roof gardens were planned.

Theoretically the roof gardens were built with the idea that they would be used very largely by ward patients who were fit to be taken into the open air. Practically, it has been discovered that the many verandahs attached to the various wards furnish all of this sort of accommodation required and next summer when our extensive grounds will be available they will prove even more attractive than the roof, to patients who are able to remain outdoors for a few hours. It has always been apparent that in case it was deemed advisable to provide further accommodation for medical or surgical patients the roof would be available and as the elevators and lavatories are already in position the expense of developing such a scheme would not be prohibitive.

The architects have been consulted in regard to this and with this report are submitted plans and elevations which make clear in a general way what would be deemed advisable to provide for about fifty patients.

It will be observed that what is proposed is to erect a light structure of iron and glass, affording ideal conditions for the treatment of early cases of phthisis. The wards as proposed would be, to all intents and purposes, continually in the open air. In other words the whole roof space would become a solarium of the best type. As the patients would be up and about a great deal of the time, and it has been learned that occupation is essential, provision has been made for exercise, for school room where illiterate foreigners might be taught and where patients might regularly receive instruction regarding the hygienic rules etc., to be followed in their particular cases. The success of the Vanderbilt Day Roof Clinic at the Vanderbilt Hospital, New York, has made it plain that the lines suggested are the proper ones to follow. In other words the idea at the back of the proposal would be to develop a Clinic that would be the last word in the scientific care and treatment of incipient tuberculosis.

In the Vanderbilt Clinic, New York, as has been noted, there is a roof garden which is devoted to the tubercular

This is called a Day Camp, patients present themselves at 9 A.M., are entertained and educated in the School Room, after lunch are put to bed for a few hours then given supper and dismissed at 6 P.M. The main feature of this camp is the instruction given to the patients regarding the care of themselves. As will be observed, our scheme aims at even better things.

The cost of maintenance.

The cost of maintenance would be less than that of the average per capita cost in other parts of the hospital because the service required would not be so extensive. The majority of the patients would be able, to a great extent, to look after themselves, and the whole nursing problem resolves itself into a comparatively simple matter.

The staff would be:-

One Head Nurse	$60.00	per month
Two orderlies at $26	52.00	" "
One elevator man with relief	60.00	" "
Two cleaners at $26	52.00	" "
Three maids at 16	48.00	" "

The only item on which increased cost could be looked for would be that of food as the patients would require a more generous diet than that of the average hospital resident. Against that is the diminished cost of dressings, medicines etc., which are often very large.

On the whole then we feel that the establishment of a ward for tubercular patients would not present insuperable difficulties but if such a scheme were gone on with it would help the hospital from the side of maintenance, as the fifty beds would be occupied at all times. The medical and surgical wards would be relieved, and above all the saving of many useful lives, the education of the patients themselves and the professional classes waiting upon them must be arguments that are almost unanswerable.

I have the honour to be,

Yours sincerely,

Superintendent.

COPY

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November 5th, 14.

F. B. Hayes Esq.,
Toronto Carpet Manufacturing Co.,
TORONTO.

My dear Mr. Hayes:-

As promised at our interview this morning, I enclose extracts from the Agreement between the University of Toronto and the Toronto General Hospital, in so far as they relate to the working out of the Agreement and the settlement of differences &c. In sending you these it may be convenient to refer to the matters we discussed this morning and to our views thereon.

(1) The Appointments to the Staff &c.

Our views were that it would be desirable to have an agreement between the University and St.Michael's on similar general lines to those of the agreement between the University and the Toronto General Hospital, so that it might be worked out if possible by mutual conference and agreement, and that any deadlock which might arise might be settled by some independent and impartial authority.

(2) The Control of the Patients in the Hospital.

Although in my letter to Father Cline I used the term "complete control", I explained that it was not intended that students should exercise this control and that their work in the Hospital should be subject to reasonable restrictions. There should be no difficulty in working this out along the lines of the actual practice in the Toronto General Hospital and other Hospitals which our students attend.

(3) We left for further discussion the question of the plans of the new addition to St.Michael's Hospital which it is intended to erect, and the accommodation therein to be afforded the University. We also left for further discussion the consideration to be paid by the University for such accommodation and for the facilities afforded the students &c. I said to you that the basis of this consideration would have to be a yearly payment instead of capital expenditure. You recognized the difficulty of proceeding on any other basis. When you are ready for a discussion with respect to the matters left for further consideration kindly let me know and I shall arrange for a time and place for the discussion.

You will find the Statutes relating to the Toronto General Hospital consolidated by Chapter 84 of the Ontario Statutes for 1913. Sec.3 provides for the management of the business and affairs of the Hospital by twenty-five Trustees,- eight appointed by the

Lieutenant-Governor in Council, five by the Governors of the University, five by the Municipal Council of Toronto, and seven by the subscribers to the funds of the Hospital. Sec.24 makes it incumbent upon the Hospital to allow medical students of the University to visit the wards for the purpose of receiving instruction, under regulations to be prescribed by by-law.

I am,

Yours faithfully,

(Sgd.) Z. A. Lash.

AGREEMENT

DRAFT.

THE GOVERNORS OF THE
UNIVERSITY OF TORONTO

and

THE TRUSTEES OF THE
TORONTO GENERAL HOSPITAL.

AGREEMENT made the day of 1909,

Between THE GOVERNORS OF THE UNIVERSITY OF TORONTO (hereinafter called the University) and the Trustees of the TORONTO GENERAL HOSPITAL (hereinafter called the Trustees) :

WHEREAS the Trustees have determined to erect a new hospital on the block of land fronting on Avenue Street recently acquired by them, and the University has contributed $300,000 towards the cost of acquiring the land and erecting the hospital,

AND WHEREAS the Trustees have been unable to raise at present the amount necessary to pay for the land and erect and equip the hospital and have applied to the University for a further contribution of $300,000,

AND WHEREAS the University has agreed to give such further contribution of $300,000 on the terms and conditions hereinafter mentioned,

NOW THIS AGREEMENT WITNESSETH that it is agreed by and between the parties hereto in manner following :

1. The University shall pay to the Trustees the said sum of $300,000 by issuing its debentures or bonds payable in forty (equal annual sums, of such amount as will be sufficient to pay the principal sum and interest at the rate of four per cent. per annum, in such forty equal annual instalments;
2. The debentures or bonds shall bear date and the first of the annual payments shall be made in one year therefrom, and the interest shall be computed from that date ;
3. The debentures or bonds shall be unconditional and in the hands of a purchaser for value shall not be affected by any breach that may happen on the part of the Trustees in the performanse of the covenants on their part herein contained, or any of them ;
4. The Trustees shall complete the erection and equipment of the new hospital in accordance with the plans which have been approved by the Trustees, within five years from the date hereof ;

5. The Trustees shall forthwith convey to the University the south-west part of the block of land hereinbefore mentioned, having a frontage of   feet on University Street by a depth of   feet on Christopher street, for the purpose of the University erecting thereon buildings for the use and accommodation of its Departments of Pathology, Bacteriology and Pathological Chemistry and of any other Department of its Medical Faculty ;

6. The University shall erect on the lands mentioned in paragraph 5 in time for use when the hospital is completed, buildings for the accommodation of its Departments of Pathology, Bacteriology and Pathological Chemistry, and shall expend in so doing at least $100000.;

7. The moneyrequisite for the erection and equipment of the buildings mentioned in paragraph 6, to the extent of $100,000 shall be provided by the Trustees upon six months' notice being given to them by the University stating the sum required, and shall be repaid by the University in like manner and with the like interest as is provided with regard to the contribution of $300,000, and the provisions of paragraph 3 shall apply to the debentures or bonds to be issued by the University for the repayment of the money so provided ;

8. In the event of the University desiring at any time to discontinue the use of the said lands and the buildings which may be erected thereon for the purposes mentioned in paragraph 5, the University shall be entitled to use them for any educational purpose of the University or of any University or College now or hereafter federated with the University or of University College or the University at its option may require the Trustees to purchase the land and buildings at the now value of the land and the value to the Trustees for the purpose of or connected with the hospital of the buildings.

In order to settle differences of opinion which have arisen as to the rights of the University as to clinical instruction in the hospital and the use of the hospital and the patients thereof, including out-door patients, for the purposes of such instruction, it is further agreed by and between the parties hereto :

9. The President and three of the Governors of the University appoin-

ted by the Governors, and the Chairman of the Trustees and three of the Trustees of the hospital, to be appointedby the Trustees of the hospital, shall constitute a joint Hospital relations Committee of the two contracting parties, for the purposes hereinafter mentioned;

10. In case of the absence, illness or incapacity of the President of the University or of a vacancy in the office, the Governors of the University may appoint some person to act instead of the President ; and in the like case the Trustees may appoint some one to act instead of the Chairman ;

11. The Trustees shall forthwith pass a By-Law making regulations for the appointment of the Hospital Staff, defining the powers, duties, tenure of office, of the members thereof, and the qualification necessary to entitle to appointment and to remaining in office, and shall procure such by-law to be approved by the Lieutenant-Governor in Council in accordance with the provisions of the Act relating to the Hospital passed in the year 1906, 6 Edward VII., c. 59, s. 17, as amended in 1908, 8 Edward VII., c. 33, s. 60, the terms of such By-Law to be mutually agreed upon ;

12. No change in such by-law shall be made without the consent in writing of the University unless at least one month's notice in writing of the proposed change shall have been first given to the University ;

13. Subject to the provisions of paragraph 14, the head professor or other head in the Faculty of Medicine of the Departments of Medicine, Surgery, Obstetrics, Gynæcology, Ophthalmology and Laryngology shall each be entitled ex officio to a regular service in the Hospital (including out-door patients) and shall be appointed by the Trustees upon its hospital staff and be provided with such service, but the provisions of this paragraph are not to be deemed to confer any right or privilege on any such head professor or other head which shall be enforceable by him, but such provision shall be enforceable only by the University.

14. If the Trustees are of opinion that any person entitled ex officio to a service under paragraph 13 ought not to be entrusted with a servic they shall be entitled to notify the University of their objection,

and such notice shall be given in writing to the University at least three months before the time for making the annual appointments, and if it is given and the University does not agree to give effect to the objection, it shall be referred to the Lieutenant-Governor in Council for decision ;

15. In the event of the objection prevailing, eitherby the University assenting to it, or by the decision of the Lieutenant-Governor in Council, or in the event of the person entitled ex officio to a service being disqualified under the provisions of the By-laws of the Trustees for appointment, the position shall be filled in the manner hereinafter provided by paragraph 16, for making the appointments of the other members of the Hospital Staff ;

16. All appointments to positions on the Hospital Staff other than those mentioned in paragraph 13, shall be made by the Trustees only on the nomination of the Joint Committee or a majority thereof, and if the Joint Committee is unable to agree upon a nomination for any such appointment, the nomination shall be made by the President of the University and the Chairman of the Trustees, or if they do not agree, by them and some third person appointed by them, or a majority of them ;

17. The provisions of paragraphs 9 to 16 inclusive and of paragraph ~~20~~ 19 shall take effect on the execution of this agreement, but not so as to interfere with any appointment made for the current year ;

18. This agreement shall not take effect unless or until the By-Law mentioned in paragraph 11 shall have been passed by the Trustees and approved by the Lieutenant-Governor in Council ;

19. In the event of other Departments than those mentioned in paragraph 13 being hereafter established in the Medical Faculty of the University and the University being of opinion that services should be provided for such Departments, the University shall be entitled to require the Trustees to pass the necessary By-Law to re-arrange t the services so as to provide services for such Departments, and if the Trustees object to do so, the matter in dispute shall be referred

to the Joint Committee for decision and in the event of the Committee being unable to agree as to whether such arrangement should be made, the matter shall be referred to a Medical Expert residing out of Ontario, to be agreed on by the University and the Trustees, or if they are unable to agree as to the Medical Expert, he shall be named by the Lieutenant-Governor in Council, and his decision shall be final and shall be given effect to by the passing by the Trustees of the necessary By-Law and the transmission of the same to the Provincial Secretary for the approval of the Lieutenant-Governor in Council but nothing in this paragraph shall entitle the University to require the Trustees to incur any additional expenditure for new buildings or the equipment of them ;

20. If either party so desires, the Trustees shall obtain legislation confirming this agreement.

IN WITNESS WHEREOF THE PARTIES HERETO have caused to be hereunto affixed their respective Corporate Seals.

Signed, Sealed and Delivered)
in presence of)

2M-12-14-A.M.

Toronto General Hospital

ANAESTHETIC CHART

No.

Name Ward Diagnosis

Age Sex Birthplace

Occupation Height Weight

Date of Operation 19 Surgeon

HABITS? Alcohol

Tobacco

Opium

Other Drugs

DISEASES? Epilepsy

Apoplexy

Bright's Disease

Nervous Diseases

Previous Anæsthetics

PATIENT'S CONDITION

Heart

Pulse Circulation

Lungs

Temperature Hæmoglobin

Nervous System

Urinalysis—Sp. Gr. Albumin Sugar

Reaction Acetone Casts

The above report was made by M. D

Stimulants or Opiates recently given

Anæsthetic begun Induction Discontinued

Anæsthetic used Amount

Treatment during operation

House Surgeon

Anæsthetist

POST ANAESTHETIC CONDITION (FOR 48 HOURS)

Condition of Stomach

Lungs Hæmoglobin (per cent)

Urinalysis

House Surgeon

Note:—Every space must be filled in and Chart returned to Anaesthetic Room.

DO NOT WRITE IN THIS SPACE

Toronto General Hospital

Toronto, January 15, 1915.

J. W. Flavelle Esq.,

Chairman, Board of Trustees,

Toronto General Hospital,

Dear Sir:-

In view of the fact that the Hospital Committee on Anaesthesia is to meet on Saturday, January 16th, I beg to offer a few facts regarding the evolution of the regulations in force at present. The records of the Toronto General Hospital have been so badly kept in the past that it is extremely difficult to obtain historical facts from the documents available but from the Surgeons and Physicians who have been members of the Staff for many years the following is gleaned:-

Originally the anaesthetics were given to the Public Ward patients by the internes; subsequently a large staff of so called Anaesthetists and Registrars was appointed. The members of this staff never took their duties seriously and rarely gave anaesthetics with the result that the Board eventually appointed two anaesthetists, Drs. S. Johnston and H. B. Anderson. When a reorganization of the Staff took place these gentlemen resigned and the staff was reconstructed, Dr. S. Johnston being made Chief of the Department and Dr. Anderson, Assistant. Dr. Anderson resigned and Dr. R. J. MacMillan became Assistant. When I was appointed Superintendent this was the arrangement, the various qualified housemen giving what assistance possible. The teaching of the administration of anaesthetics by students was neglected and young graduates were sent out with little or no practical knowledge of the subject in question. This seemed a serious condition of affairs and after talking the matter over with Dr. Johnston it was determined to give the final students instruction under the careful supervision of the Official Anaesthetists. There was serious trouble with the housemen regarding this as they were anxious to gain the experience themselves. It was also specifically laid down that none but Council licentiates should accept the responsibility of giving anaesthetics without supervision. The housemen were informed that they could not interfere with the new regulation and although they were annoyed, eventually the situation was accepted. As will be recorded presently, the staff was increased by the addition of Dr. Hanley. Having learned that some of the younger anaesthetists were not supervising their work properly, after consultation with Dr. Johnston, I instructed him that only one anaesthetic could be supervised at a time and he said quite properly, that to do otherwise was to disobey a well established rule. One or two accidents had made me feel uneasy over the situation and the Assistant Superintendent was instructed to post notices regarding the supervision of Anaesthetics in the different operating rooms. Possibly some of these notices are still to be found at the old T.G.H. The Chief Anaesthetist not only understood the rule but was fully alive to its importance, and always assured me that as far as he knew it was being lived up to. The New Hospital has so many centres where Anaesthetics are being administered in the morning that it is difficult to supervise them all, and my Assistant was always uncomfortable for fear that some of the younger men were not living up to their obligations. Some of the Coroners expressed the same anxiety and cautioned me about it. Notices regarding the supervision of students, signed by myself, were posted in the different operating rooms and to the senior anaesthetists I expressed my anxiety and appealed to their sense of responsibility to guard the situation. Last Spring one of the Anaesthetists became negligent and careless and absented himself so often when he was presumably on duty that I had to remonstrate with him. My attention was drawn to the neglect by the frequent appeals being made for more Anaesthetists when it should not have been necessary theoretically to make the request.

When the New Hospital was opened it soon became evident that the existing staff could not cope with the requirements and at a meeting of the Advisory Board in October 1913, a Committee was appointed to consider the question. This Committee reported "that two additional qualified anaesthetists be appointed and that with the staff so constituted, a Chief and four Assistants, they should then try and work out some scheme of giving anaesthetics whenever required and that the House Physicians should not be disturbed for this purpose and the House Surgeons as little as possible." The above report was received and adopted. As a result of this the staff was increased as recommended and for the year 1914, consisted of Drs. S. Johnston Chief; Dr. MacMillan, Dr. Hanley, Dr. McKichan and Dr. Smith. Qualified House Physicians were not asked to give anaesthetics unless on rare occasions and House Surgeons were used as detailed in schedule following:- This of course merely gives the order for service for a limited time.

"Under the direction of the Official Anaesthetists the First House Officer for the day will be responsible for his Assistants and the allotment of cases for anaesthesia.

House Officers who are not able to give anaesthetics on their appointed day are requested to report on the previous evening to the First House Officer for the day and arrange with other housemen to give anaesthetics required.

Monday - Drs. Risdon and Mack
Tuesday - Drs. Palmer and Slater
Wednesday- Drs. Taylor and Conn
Thursday - Drs. Wynne and Beaven
Friday - Drs. Watson and Carefoot
Saturday - Drs. Foulds and H. Clarke

Night Emergencies - Dr. Dure
Afternoons - Dr. Detweiler.

Note:- In the event of more anaesthetists being required than are provided for in above list, notify the Assistant Superintendent who will arrange the matter."

A few extracts from the well known report of A. S. Flemming on Deaths during Anaesthesia during 1910-1913 in England and Wales may be of interest to your Committee. He makes a careful analysis of 700 deaths and says:- "A perusal of the evidence as reported in connection with these 700 cases can leave no doubt in one's mind as to the avoidability of a large majority of the fatalities. In many cases the fault seems to have lain in an indiscreet selection of the anaesthetics to be used; it is difficult to understand why chloroform should have been used in many instances. Most of the administrators were men of very limited experience and the explanation which seems most obvious is to suppose that they had probably seen chloroform used with perfect ease and safety by men of experience in their hospital clinics and that they naturally expected to be able to use it themselves with equal success. Such evidence of a false sense of security seems to point to some deficiency in the practical part of our teaching system. A careful perusal of the report makes very plain that a trained anaesthetist is almost as important a factor in many grave operations as a trained surgeon. Among the surprising figures given are those showing that even in such trivial operations as those for adenoids and tonsils no less than 56 fatalities occurred.

Nature of Anaesthetic

Chloroform..................	378	Deaths
Ether......................	28	"
C.E., A.C.E., & A.C. mixture........	100	"
Nitrous Oxide..............	12	"
Ethyl Chloride.............	6	"
Spinal.....................	8	"
Scopolamine................	2	"
Hedonal....................	2	"
Local......................	6	
Not specified..............	158	
	700	

Stage at Which Death Occurred.

Before Operation	223
First Fifteen Minutes	181
During operation	119
At end of Operation	80
After operation	83
Not Stated	14

The duties of the Chief Anaesthetist are, roughly speaking, similar to those of the heads of different departments. He arranged the work for the day - takes the most dangerous cases himself. There are, in the morning, at least eight or more centres where Anaesthetics may be required for public ward patients and the Chief assigns the different cases when he has studied the list of operations. The more serious operations are always cared for by the Assistant Anaesthetists. The dental Clinic has always been directly under the eye of the Chief as in this department serious developments may readily take place.

In the last five years no less than 16,000 anaesthetics for serious operations alone have been given and in 1914, 5000 were necessary. If to this are added some 2000 to the Department of Obstetrics, the immense number for examinations when making a diagnosis in medical and surgical practice, such as for dressings, setting fractures, dental work, X-Ray diagnosis etc., the number must be largely increased, probably by many thousands.

The difficulties in the way of persons not specially qualified are easily shown when it is remembered that although the Open ether method is the one used in the Toronto General Hospital, as it is by far the safest in skilled hands, yet the following methods are also employed. List of methods in vogue in T.G.H.

Open Ether
Nitrous Oxide and Oxygen
Nitrous Oxide and Ether
Nitrous Oxide, Oxygen and Ether
Ethyl Chloride and Ether
Chloroform
Intra-tracheal ether
Chloroform and Ether
Scopolamine (Twilight Sleep)
Local Anaesthesia - Stovaine, Novocaine, Cocaine
Urea Hydrochlor
Spinal Anaesthesia - Stovaine and Glucose
Somniform Anaesthesia
Rectal Anaesthesia

The Open Ether Method requires special skill but is so much safer than the others that it is ordinarily adopted. To fully understand the administration of all of the above methods requires careful training and the work is as highly specialized as any department of Medicine or Surgery and in a large hospital it is absolutely necessary to have Anaesthetists who are competent to employ whatever method the surgeon may desire. As shown by the figures to be quoted later on, untoward accidents are extremely common when men not trained are forced to accept the responsibility of administering anaesthetics. Since the Toronto General Hospital adopted the policy of using men highly specialized there has been, I am credibly informed, a wonderful change in the mortality list, especially in the column of post anaesthetic accidents, which at one time were accountable for an unpleasantly high mortality.

Just what is the best Hospital organization in the Anaesthetic Department is difficult to say, but possibly the ideal arrangement would be to have a salaried Chief and two salaried Assistants all of whom coulddevote their whole time to the needs of the Hospital. Such a competent chief would necessarily be given a large salary as fees paid men of this rank are high. The Assistants would have to be qualified practitioners who could accept full responsibility. In some of the leading American Hospitals nurses who are specially trained are used in giving many of the Anaesthetics. Many have proved competent under intelligent direction, but of course being without medical training and degrees would, in Canada, leave the hospital in an unpleasant situation in case of an accident, unless the contention that the Surgeon is always responsible whether present or not during the Administration of the Anaesthetic for his operation be correct. Apparently no modern Court would insist on such a contention and surgeons naturally hesitate to leave themselves open to a liability which apparently does not exist under the present arrangement.

In one of the latest works by James Tayloe Gwathmey, M.D., published by D. Appleton & Co., 1914, the following extract may prove of interest to your Committee. The work is regarded as the most recent and one of the most important contributions to Anaesthetic literature.

"Every hospital, certainly every large hospital, should have as a regular member of its staff an attending anaesthetist, as is the case in some, whose authority in his special department should be as complete as is that of the attending physician or surgeon in their fields. This arrangement will be particularly important during the next few years when the older methods of anaesthesia - chloroform, ether, cocaine etc., will be competing with, and greatly modified by newer procedures, e.g., nitrous oxide, intratracheal insufflation, spinal anaesthesia, intravenous anaesthesia, intra-arterial injection of novocaine by the methods of Bier and Ramshoff, measures for the prevention and relief of acapnia, the prevention of pain associations, etc."

"The dignity of this special field in medicine can be greatly enhanced and its progress equally advanced by such organizations as the New York and American Societies of Anaesthetists, wherein the theories and practice are fully presented and discussed with the liveliest interest and general profit."

In conclusion I might say that it was felt for a time that sufficiently accurate records were not being kept on the anaesthetic situation, and complete forms, copies of which I enclose were provided. It is possible to obtain from the patient's history full data regarding the condition under which the anaesthetic was administered and other information which, to my mind, is of very great importance.

The above information will, in a way, indicate the conditions under which the question of Anaesthesia is managed and controlled in the Toronto General Hospital. That the work is efficiently done on the whole is proved by the official records which must be considered satisfactory.

Whether the conditions may be still further improved is a question which your Committee will, no doubt, consider very earnestly and I trust that the information supplied will help you in arriving at conclusions.

I have the honour to be,

Yours sincerely,

C.K. Clarke

Superintendent.

Life in Field Hospital Near the Balkan Front

(204)

Intense Activity After Alarm Clock of Army Sounds. English Officers Do Not "Freeze" Canadian Orderlies for Their Free and Easy Ways.

Washington "Times" Mch 27, 1916

By WILLIAM G. SHEPHERD.

SALONIKI, Greece, Feb. 25.—(By mail)—The first night after the operation was sleepless. The tent flapped and the tent poles creaked in the Macedonian winds. The morphine injection the Canadian nurse had given dulled the pain but brought no oblivion.

The candle on the little pine locker at the head of the cot squttered in the gust and reading was out of the question. The six blankets weighed a ton, but every one was needed.

On the four other cots in the tent were the huddled forms of British officers.

At short intervals Nurse Johnson came in. She was swathed in a huge sweater. A thick toboggan cap almost hid her face and she swung a lantern in her mittened hands.

"Not asleep yet? A litle more hot milk might help you. It you were an Englishman you'd want some tea, I suppose. You know Canadians don't care very much for tea either."

The night was divided off into six drinks of milk which the nurse heated on an oil stove in her tent nearby.

At Last the Bugle.

At last the bugle—the alarm clock of the army—sounded the morning "wake-up." It was six o'clock. Within ten minutes there came sounds of intense activity from the tents in which the 200 young fellows from Toronto who make up the force of orderlies in the Fourth Canadian hospital; they were the noises of getting up; sputtering of the cold morning wash; whistling of the latest New York songs—for phonograph records come by every mail.

By 7 o'clock everybody is awake. A very much-muffled up little nurse with a sparkling smile and two basins of steaming water enters the tent. Behind her comes a boy from Canada in the uniform of an orderly, with two more basins. This is for the morning wash.

The nurse departs to get our breakfast. The orderly, being in a friendly mood, stands in the center of the tent and surveys the occupants of the various cots, a British major, two British captains and a British lieutenant. Let it be understood that no British orderly ever addresses a British officer first; the advances must come from the officer. But this was a Canadian orderly.

They Don't Freeze Him.

"Well, how'd everybody sleep last night?" he says.

To your surprise the British officers don't freeze him. One and all they say they have slept well. Then you realize that they have been in the hospital for some time; that they are acquainted with this Canadian orderly and his free and easy Canadian ways.

"So'd I," he says. "Slept like a bug in a rug. Anything extra any of you want? How about you, Mr. New York?" That's you he's talking to. No, you're contented.

"It's a cold day and windy," says the orderly. "No German aeroplanes today. But say, talk about cold! This is nothing." He's over in a corner of the tent now talking to a British captain—one of the professional soldier kind from a top notch family in England, who has been stationed in India, Egypt, Gibraltar and almost every other place where British soldiers go—"why in Canada it gets twice as cold as this."

"Is that so? How cold does it really get?" asks the officer.

"Well, you know I once belonged to the Salvation Army in Toronto. I played the big drum at the street meeting and I've seen it so cold, that we could'nt hold meetings; had to give 'em up for a day or so."

Understand Americans Now.

"That's always the way with the orderly," said the captain after the orderly departed. "He always makes you think he's going to tell you something interesting and then it, winds up flat."

"We're having breakfast now, sitting up in bed.

"Funny people in this world," says the captain, after being warmed and comforted by his first big swallow of coffee. "You've got to understand them and make allowance for them, you know. Can't judge a whole nation by a few of its people. Was a time when I couldn't understand Americans. They seemed to me most extraordinary people. It began when I was walking along the street in Gibraltar one morning in full rig.

"Awfully pretty American girl jumped out in front of me with her camera and said to her friends, 'Oh, look at this nifty little officer.' Then she snapped her camera and smiled at me and went right away.

"Unusual, huh? But you know I got acquainted with her after that and I found out she was one of the finest girls I ever knew. If I hadn't got acquainted with her, what do you think I'd have thought of Americans all the rest of my life? I mean to say I never would understand them."

A Flood of Doctors.

About 10 in the morning a huge Canadian medical officer passes through the tent.

"Has anybody any complaints?" he asks. "Everything going alright with everybody?" He's the orderly officer of the day, and if you don't like the way the hospital is being run he's the fellow to tell about it. Everybody's contented, so he goes on his way.

By this time the ward—or the tent—has been put into tip top shape, by the orderly and the little nurse. The beds have been made, the little open-faced lockers at the head of each bed in which each patient keeps his books, his candles, his medicine and his cigarettes and other belongings are put in order and then comes a flood of doctors.

This Canadian tent hospital cost the people of Toronto a quarter of a million dollars. Some of the best surgeons and the most expert physicians on the North American continent are here in in Saloniki with this unit. It seemed to me that there was a specialist for every known human ailment or for any possible sort of a wound. These doctors pass about among the patients, each attending to his own particular cases and the latter part of every forenoon is filled with this activity.

His Visit Tops It All Off.

Then comes the visit of the superintendent. His visit tops it all off. Usually all the specialists go on the rounds with him, each describing his cases.

The superintendent stops at your bed.

"New case," says the surgeon, pointing at you.

"How are you feeling, young man?" asks the superintendent.

"Well, I have felt better."

"What did you say?" bending his head and turning an ear toward you.

"I said I have felt better."

"Aren't you an American?" he asks. "Seems to me I've heard talk just like yours in New York."

"I am, and I've lived in New York, too."

"Bless your heart. We're glad to have you here. You're right among your own kind of folks. We're going to have you all right in a couple of weeks and in the meantime we're going to drop in now and then and hear you talk that New York twang of yours."

And he did, more than once. Every doctor in the hospital with few exceptions had studied, at one time or another, in some American city, chiefly New York or Baltimore.

EXTRACTS FROM THE MINUTES OF THE BOARD OF GOVERNORS
RE THE UNIVERSITY BASE HOSPITAL.

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25 February, 1915

The President reported that he had provisionally communicated to the Federal authorities the offer of the Medical Faculty to provide a Clearing Hospital for service at the front, the personnel to consist of 45 officers, 86 nurses, and 282 Non-Commissioned Officers and men, the University to have the right to make the nominations itself. The Board approved of the President's action and authorised him to confirm it by telegraph to the authorities at Ottawa.

The Board also approved of the President's recommendation that an expenditure to the extent of $200. be authorised from the "Dean's Fund" for a microscope and other apparatus immediately necessary for this service.

11 March, 1915.

The President laid before the meeting a letter from Lt. Colonel Elliott accepting on behalf of the Army Council the offer of a general hospital for service overseas with the Second Canadian Contingent, and asking for transmission of the names of the officers selected.

The President was given authority to deal with all nominations in view of the urgency of completing the personnel as quickly as possible.

25 March, 1915.

The President moved that before proceeding with the business on the order paper Colonel Roberts, the Commandant of the Number 4 Canadian General Hospital Contingent, be permitted to address the Board. Leave being given Colonel Roberts was introduced to the meeting and addressed the Board upon the services which would be rendered and the needs of the Contingent over and above the equipment provided by the Government.

The Board assured Colonel Roberts that a public announcement would be made in the newspapers asking on behalf of the Board for subscriptions and support in aid of the work, and the President was asked to prepare such announcement. Colonel Roberts then retired.

8 April, 1915.

The President asked that a Committee of members of the Board be appointed to co-operate with some members of the Senate in endeavoring to enlist the support of the citizens of Toronto towards the fund being raised for the supplies needed for the University Hospital Contingent. The following gentlemen were appointed a Committee with power to add to their number:-

Messrs. W. K. George
Eric Armour
T. A. Russell
Lt. Colonel Gooderham

22 April, 1915.

Arising out of the minutes there was read a communication from Lt. Colonel Gooderham regretting his inability, owing to lack of time, to act on the Special Committee for procuring subscriptions towards the University Base Hospital.

27 May, 1915.

There was laid before the Board correspondence with Mr. Arthur C. Hardy of Brockville with reference to a gift of $40,000. from the Fulford Estate to the University Base Hospital.

The President was authorised to draw up a suitable resolution to be inserted in the Special War Number of the *Varsity*, referring particularly to this gift and generally to all subscribers and workers in connection with the Base Hospital.

12 August, 1915.

From the Toronto General Trusts Corporation, re the Fulford Estate contribution towards the Base Hospital, as to rumours that the Hospital was not to go forward as a unit, but would be broken up into sections. Also a copy of the Chairman's interim reply. The Chairman was requested to obtain such authoritative information as he could, and also to arrange for some periodical reports upon the Hospital.

9 September, 1915.

Arising out of the minutes the Chairman stated that he had received a letter from Dean Clarke to the effect that it was understood positively at the War Office that the Base Hospital would go forward as a unit. Also that he had arranged for periodical reports upon the Hospital.

10 February, 1916.

The Bursar submitted statement forwarded by Mrs. F.N.G.Starr, Treasurer of the University Hospital Supply Association, covering accounts paid by the Association for Surgical Supplies from July, 1915 to January, 1916, and vouchers therefor.

(Ordered)

Ordered that a cheque be issued for $8,800.93 to the Hospital Supply Association, this being the amount of the statement after allowing for discounts obtained on payments; and that the amount be charged to the $40,000. received from the Fulford Estate.

8 June, 1916.

The Finance Committee begs to report to the Board of Governors:

....

2. Your Committee recommends that interest at the rate of three per cent per annum be allowed upon the minimum monthly balance from time to time in the Bursar's hands of the $40,000. received from the Fulford Estate in connection with the University Base Hospital.

14 September, 1916.

The President suggested that a Military Committee be appointed to deal with matters in connection with the Saloniki Hospital and military affairs in the University generally, and the following were appointed as the Committee:-

The Chairman
The President
Sir E. B. Osler
Colonel Leonard

23 November, 1916.

The President stated that the University Hospital Supply Association were in need of additional funds for the Red Cross work now being carried on by them. The Board were of opinion that this did not come within the specific purpose for which the Fulford bequest had been given, and that they could not therefore authorise the use of any funds from that source.

14 December, 1916.

Upon motion of the President it was resolved that the President be empowered to communicate with the Honorable the Minister of Militia for the purpose of securing his consent to authorise some military officer in the Saloniki district to act as the agent for disbursing private funds which may be sent to him from this University for the No. 4 Canadian General Hospital (University of Toronto).

The President asked that he be authorised to circularize the Alumni Association for funds for the University Base Hospital, the staff of the University Extension Office to undertake the work at a cost of about $305. which could be charged to the appropriation in the present Estimates under the head of"University Extension".

8 March, 1917.

The President presented the following communications:-

....

From Sir George Perley, London, as to the transfer to England or France at an early date of the University Base Hospital now in the East, and the appointment of Colonel W. B. Hendry as Officer in Command in the event of Colonel Roberts being transferred to another Unit.

10 May, 1917.

The President having read Mr. Arthur C. Hardy's letter to him of date 25th April last, the Board directed that a cheque for($15,000.) Fifteen thousand dollars be issued to the University Hospital Supply Association from the balance of the Fulford Donation of $40,000.

8 November, 1917.

The President reported that the Committee in charge of the funds of the University Base Hospital had received a letter to the effect that the Hospital, to be known henceforth as No. 4 Canadian General Hospital, was now established at Basingstoke, England, with splendid accommodation, but that further equipment would be required at an estimated expenditure of £1,000. That the Committee had on hand some $3,900. and that there remained unexpended of the Fulford donation $18,037. He recommended that $2,000. be drawn from the latter fund and placed at the credit of the Hospital account with the Canadian Bank of Commerce.

This recommendation was approved, and the Bursar was authorised to transmit the amount.

MACMURCHY & SPENCE
BARRISTERS, ETC.

1308 CANADIAN PACIFIC BUILDING
TORONTO

Oct. 7th, 1918.

Sir Robert Falconer,
President, University of Toronto,
City.

Dear Sir Robert Falconer,-

I return the statement of expenditures for No. 4 Canadian General Hospital from 20th Feb. to 31st July, 1918, certified by Cols. Hendry and Graham, showing a balance on hand of £ 1997. 16. 10, and note that the deposit of £ 2000 made last June is practically untouched although it was said to be urgently required in March. I suppose there should be some audit of this account. I notice an item of £ 45, loan to Agricultural account, which I presume will come back, either in cash or kind. I suppose it is impossible to tell when the amount, estimated at £ 3000, from the sale of material taken over by the British Government at Salonika, will be paid. No doubt it will not be lost sight of. With kind regards, and congratulating you on your safe return from overseas, I am,

Yours faithfully.

Angus MacMurchy

Encl.

STATEMENT OF EXPENDITURES FROM UNIVERSITY ACCOUNT.

Certified that the following purchases have been made and expenses met with in connection with, No 4 Canadian General Hospital, Basingstoke, during the period, February 20th, to July 31st. 1918. inclusive.

W H Hendry Col

1918.				Dr.			Cr.		
				£.	S.	D.	£.	S.	D.
Feb.	20/18.	Balance on hand.		402-	17-	10.			
Dec.	5/17.	Cheque books.						10-	4.
Feb.	25/18.	Agricultural Account, loan to.					45-	0-	0.
"	"	Cash payment.					8-	10-	0.
Mar.	11th.	Baird & Tatlock.	Lab. Supplies.				3-	6-	0.
"	11th.	C.E. Symonds.	Stationery Supplies.				4-	9-	9.
"	28th.	Capt. Middleton.	Distpr. & Paint supps.				6-	1-	4.
Apl.	8th.	Baxter & Caunter.	Electric fires.				19-	18-	0.
"	8th.	A. Mundy.	Fyling Cases.				3-	15-	0.
"	29th.	J.R.D. Norie.	Expenses re Electric lights and stores.				1-	8-	3.
May.	8th.	Dental Mfg. Co. Ltd.	Dental Sundries.				1-	5-	0.
"	8th.	W.J. Buckland.	Stationery Supplies.					5-	9.
"	7th.	Newton Wright & Co.	Electric Supplies.				18-	15-	10.
"	8th.	Newton Wright & Co.	" "				31-	11-	6.
"	11th.	Baxter & Caunter. Ltd.	Electric lights.				13-	0-	10.
"	11th.	Remington Typewriter&Co.	Inspection account.				2-	5-	0.
"	11th.	J.R.D. Norie.	Switch for oper. Room.				2-	0-	0.
"	11th.	Chas. E. Symonds.	Rubber stamp for X Ray					5-	0.
"	11th.	Baxter & Caunter.	Electric Plates.				4-	10-	0.
"	11th.	" "	Repairs to Motor Op. R.				4-	16-	0.
"	11th.	C. Linley & Co.	Steam Traps.				1-	15-	11.
"	11th.	J.H. Montague.	G.U. Apparatus.				42-	14-	7.
"	11th.	Hill Uptons Co.	Electric Lights in P.O.				1-	15-	0.
"	21st.	H.F. Angus & Co.	Laboratory Equipment				5-	12-	4.
"	21st.	Caldius Ash & Sons.	Dental Equipment.				3-	10-	6.
"	21st.	Millson & Son.	Glazing Cabinet Op. Ro.				1-	2-	6.
"	21st.	John Weiss & Sons.	Kranses Aural Snare.					18-	6.
"	21st.	Newton Wright Ltd.	Electrical Supplies.					4-	9.
"	21st.	L. & S.W. Ry. Co.	Carriage on Lab. Eqpt.					7-	3.
"	22nd.	Gallot Cie, Paris.	Electric Vibrator.				76-	5-	11.
June.	7th.	R. Bailey.	Lens Edged.				3-	12-	6.
"	8th.	Baxter & Caunter, Ltd.	Sterilizer.				1-	16-	2.
"	10th.	Remington Typewriter, Co.	Inspec. Account, Cop. Wire				2-	5-	9.
"	12th.	Capt. Middleton.	Rubber Boots (Laundry)				2-	10-	0.
"	12th.	E. Lanham & Son.	Curtain Supplies.				9-	10-	0.
"	21st.	Allen & Hanburys.	Goods Recd.				15-	19-	10.
"	24th.	Baxter & Caunter.	Boiling Ring.					10-	11.
"	25th.	E. Lanham & Son.	Roller Blinds Dent. Par.				3-	17-	6.
"	30th.	Col. Gow.	" " " "				1-	14-	0.
"	30th.	Remington Typewriter Co.	Inspection Account.				2-	5-	0.
"	30th.	E. Lanham & Son.	Goods Recd.				1-	3-	6.
"	30th.	Allen & Hanburys.	Dissection Forcepts.				4-	14-	9.
July	9th.	Mayer & Meltzer.	Surg. Instruments,				6-	3-	0.
"	9th.	Chief Purc. Officer.	Electrical Equipment.				45-	0-	0.
"	9th.	" " "	Electrical Equipment.				22-	16-	11.
			TOTAL.				£430-	0-	8.
Total expenditures to February 20th, 1918.							£597-	2-	6.
Grand total expenditure to date.							£1027-	13-	2

(CARRIED FORWARD)

Grand total expendatures to date, £. S. D.
Carried forward. 1027 - 3- 2.

Nov. 1917.
Deposit from the University of Toronto £1000. ✓
" Cheque from Col W.A.Scott,
Sale of Ford Car. £ 25.
June 1918.
Deposit from the University of Toronto £2000.

BALANCE IN HAND TO DATE. 1997- 16- 10.

£3025-0-0. £3025-0-0.

APPROVED,- W B Hendrie Col ..... August 1918.

APPROVED,- Duncan Graham Lt. Col ...... August. 1918.